

FORM 1

(Amended by S.R.O. 38/2023)

ELECTIONS ACT

ELECTION (CONTINUOUS REGISTRATION) REGULATIONS

APPLICATION FORM

Date: _____/_____/_____
dd mm yr

PERSONAL DETAILS:-

Date of birth: _____/_____/_____
dd mm yr Mr [] Mrs [] Miss []

First name: _____ Surname: _____

Gender: [Male] [Female] Occupation: _____

Address: _____

Phone: _____ (work) _____ (mobile)

Email address: _____

CITIZENSHIP:-

Where were you born? _____ Are you a Commonwealth Citizen? [Yes] [No]

If yes, name the country: _____

If no please state the country of citizenship _____

What date did you first arrive in Montserrat (if you were not born here) _____

How long have you resided in Montserrat? _____ months/years.

I am qualified for registration to become a voter by:

1. Domicile of Origin []

****Domicile of Origin:** covers all persons who are born in Montserrat or who take Montserrat heritage from either their mother or father and is a resident therein at the date of registration.

2. Domicile of Choice []

*****Domicile of Choice:** covers individuals who have chosen to reside in Montserrat for at least 36 months prior to the election. (Please provide proof of this).

3. Have you been found to be a person of unsound mind under the Laws of Montserrat?
[Yes] [No]

4. Have you been sentenced by a court in British Commonwealth to death, penal servitude or imprisonment for a term exceeding twelve months? [Yes] [No]

5. If you were sentenced by a Court in British Commonwealth as specified in item four above, indicate—

- (a) the name of the court _____

(b) whether or not you have served the punishment to which you were sentenced, or which was substituted therefore _____

(c) whether or not you were granted a free pardon by Her Majesty

TO: THE SUPERVISOR OF ELECTIONS

I, _____ of _____
(name of applicant) (place of residence)

Do hereby apply to be registered as a voter for Polling Division No..... I certify that the particulars entered on this **APPLICATION FORM** are to the best of my knowledge and belief true and correct in all respects; and declare that I am not subject to any legal incapacity.

AND I make this solemn declaration conscientiously relying absolutely on the accuracy of each and every statement contained herein.

SWORN by the said
on the day of , 20)
before and in the presence of:-)
.....

.....
(Notary Public/Commissioner of Oaths)

FOR OFFICE USE ONLY

Date: _____ / _____ / _____
dd mm yr

Received by: _____
Signature

Comments: _____

Application Approved [] Denied []

Date: _____ / _____ / _____
dd mm yr

Supervisor of Elections: _____
Signature