APPLICATION FOR REGISTRATION AS AN ELECTOR

Form 1

Sec. 13(1)
Sec. 19(1)

Section A Am I qualified to enrol?

Please answer each of the following questions by ticking either the 'Yes' circle or the 'No' circle

Yes ○	No ○	Are you 18 years old or older?
Yes ○	No ○	Are you a Cook Islander, or a permanent resident of Cook Islands or a New Zealand citizen?
Yes ○	No ○	Have you ever lived continuously in the Cook Islands for more than one year?
Yes ○	No ○	Have you resided in the Cook Islands during the three months prior to making this application?

If you have ticked 'No' to any of these questions then you cannot apply for enrolment.

Section B My details are:

Please print in BLOCK letters

Name _____

Surname Name *First Name* *Middle Name*

Residential Address _____

District/Street *Village/Town* *Island/Country*

How long have you lived here? ☐

_____ _____

Telephone Number *Postal Address*

Date of Birth ☐☐ / ☐☐ / ☐☐☐☐

Day Month Year

Sex Male ○ Female ○

Occupation _____

Section C Declaration

I believe that I am qualified to apply to be registered as an elector and declare that to the best of my knowledge the information I have given above is correct.

_____ / /

Signature *Date*

Section D Witness

_____ / /

Full Name *Signature* *Date*

Capacity of Witness:

Registration Officer ○
Justice of the Peace ○
Solicitor of the High Court ○
Registered Elector ○
Minister of Religion ○