ELECTION OF TWELVE (12) MEMBERS OF THE NURSING COUNCIL OF MAURITIUS for the period 2020-2023

APPLICATION TO VOTE BY PROXY

To: The Returning Officer

PART I *(to be filled in by the applicant)*

I, ...,

holder of a National Identity Card bearing number | | | | | | | | | | | | | |

being a registered nurse/midwife*, posted at ..... shall, on polling
(hospital, clinic, etc.)
day, be on duty or confined* in a prescribed quarantine facility. I am, therefore, applying to vote by proxy and hereby appoint the person named hereunder as proxy to vote on my behalf at the above election which will be held on Saturday 19 September 2020.

Surname and other names of proxy: .....

Date: ,- .....

.....
Signature of applicant

Phone No. .....

PART II
(to be filled in by the proxy)

I, the abovenamed proxy, holder of a National Identity Card bearing number

| | | | | | | | | | | | | | | do hereby declare that I am willing to be appointed

proxy and vote on behalf of the abovenamed applicant.

Date: .....

.....
Signature of proxy

Note:
1. A person who appoints a proxy will not be entitled to vote in person.
2. A person cannot be a proxy unless he/she is a nurse or midwife registered with the Nursing Council of Mauritius and not subject to any legal incapacity.
3. A person cannot act as a proxy for more than 2 electors at this election.
4. This application duly filled in and signed must be forwarded to the Returning Officer at the Office of the Electoral Commissioner, Level 3, Max City Building, cnr. Remy Ollier & Louis Pasteur Streets, Port Louis.

**Delete whichever is not applicable*