



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 <input type="radio"/>	No <input type="radio"/>	Are you 18 years old or older?
Yes <input type="radio"/>	No <input type="radio"/>	Are you a Cook Islander, or a permanent resident of Cook Islands or a New Zealand citizen?
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever lived continuously in the Cook Islands for more than one year?
Yes <input type="radio"/>	No <input type="radio"/>	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 / / Sex Male
Day Month Year
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.

	/ /
<i>Signature</i>	<i>Date</i>

Section D Witness

	/ /
<i>Signature</i>	<i>Date</i>

 Full Name

Capacity of Witness: Registration Officer
Justice of the Peace
Solicitor of the High Court

Registered Elector

Minister of Religion