Regulation 5

Representation of the People (Combination of Polls) (England and Wales) Regulations 2004: New Form

Form of declaration to be made by the companion of a voter with disabilities

Declaration for the companion of a voter with disabilities

- *[Election of Member of Parliament for the [insert name of constituency] constituency]
- *[Election of councillors to [insert name of local authority/parish council in full]]
- *[Election of London Assembly [London member] [constituency member for [insert name of constituency]]]
- *[Election of the Mayor [of London] [for [insert name of authority]]]
- *[[Insert title of election/referendum] election/referendum]
- * Delete or amend as appropriate

Date of election(s) [and referendum(s)] [day] [date] [month] [year]

A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at [this] [these] election(s) [and referendum(s)] without assistance.

In this form, "voter" means the person casting the vote at the election or referendum and includes a person voting as a proxy.

Part 1 To be completed by the voter's companion Companion's name Companion's address Voter's name [Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for: Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]

I have been requested to assist the voter named above to record their vote at [this] [these] election(s) [and referendum(s)]. I declare that:			
(1) ◆ I am aged 18 or over			
AND			
I have not previously assisted more than one voter with disabilities at [this] [these] election(s) [or referendum(s)]. If I have assisted one other voter their name and address is:			
[Complete if appropriate] Name and address of other person assisted			
NOTE – It is a criminal offence to knowingly make a false statement in this form.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station		Constituency of	
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature	
Date		Time (exact)	

Regulation 6

Local Authorities (Mayoral Elections) (England and Wales) Regulations 2007: New Forms

Part 1

New form for use at a mayoral election in England not taken together with another election or referendum

Form 15: Declaration to be made by the companion of a voter with disabilities for a mayoral election in England

Declaration to be made by the companion of a voter with disabilities for a mayoral election in England			
Election of the Mayor for [insert i	name of authority]		
Date of election [day] [date] [month] [year]		
A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at this election without assistance. In this form, "voter" means the person casting the vote at the election and includes a person voting as a proxy.			
Part 1 To be completed by the vo	ter's companion		
Companion's name			
Companion's address			
Voter's name			
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:			
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]			
I have been requested to assist the voter named above to record their vote at this election. I declare that:			
(1) • I am aged 18 or over			
I have not previously assisted more than one voter with disabilities at this election. If I have assisted one other voter their name and address is:			
[Complete if appropriate] Name and address of other person assisted			

NOTE – It is a criminal offence to knowingly make a false statement in this form.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station Electoral area of			
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature	
Date		Time (exact)	

New form for use at a mayoral election in England when combined with another election or referendum

Form 15: Declaration to be made by the companion of a voter with disabilities for a mayoral election in England

Declaration to be made by the companion of a voter with

disabilities for a mayoral election in England			
*[Election of Member of Parliament for the [insert name of constituency] constituency]			
*[Election of councillors to [insert name of local authority/parish council in full]]			
*[Election of London Assembly [London member] [constituency member for [insert name of constituency]]]			
*[Election of the Mayor [of Londo authority]]]	n] [for [<i>insert name of</i>		
*[[Insert title of election/referendu	um] election/referendum]		
* Delete or amend as appropriate			
Date of election(s) [and referendum [year]	(s)] [day] [date] [month]		
A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at [this] [these] election(s) [and referendum(s)] without assistance. In this form, "voter" means the person casting the vote at the election or referendum and includes a person voting as a proxy.			
Part 1 To be completed by the vo	ter's companion		
Companion's name			
Companion's address			
Voter's name			
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:			
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]			

I have been requested to assist the voter named above to record their vote at [this] [these] election(s) [and referendum(s)]. I declare that:			
(1) • I am aged 18 or over			
AND			
I have not previously assisted more than one voter with disabilities at [this] [these] election(s) [or referendum(s)]. If I have assisted one other voter their name and address is:			
[Complete if appropriate] Name and address of other person assisted			
NOTE – It is a criminal offence to knowingly make a false statement in this form.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station		Electoral area of	
Hereby certify that the a declaration was signed i presence.		Presiding Officer signature	
Date		Time (exact)	

Regulation 8

Local Authorities (Conduct of Referendums) (England) Regulations 2012: New Forms

Part 1

Form for use at Local Government Act referendum not taken with another election or referendum

Declaration to be made by the companion of a voter or proxy with disabilities

Declaration for the companion of a voter with disabilities			
Referendum on how [insert name of council] Council is run			
Date of referendum [day] [date] [mo	onth] [year]		
A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at this referendum without assistance. In this form, "voter" means the person casting the vote at the election and includes a person voting as a proxy.			
Part 1 To be completed by the vo	ter's companion		
Companion's name			
Companion's address			
Voter's name			
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:			
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]			
I have been requested to assist the voter named above to record their vote at this referendum. I declare that:			
(1) • I am aged 18 or over AND (2)			
I have not previously assisted more than one voter with disabilities at this referendum. If I have assisted one other voter their name and address is:			
[Complete if appropriate] Name and address of other person assisted			

NOTE – It is a criminal offence to knowingly make a false statement in this form.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station Voting area of			
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature	
Date		Time (exact)	

Form for use at Local Government Act referendum when combined with another election or referendum

Declaration to be made by the companion of a voter or proxy with disabilities

Declaration for the companion of a voter with disabilities

- *[Election of Member of Parliament for the [insert name of constituency] constituency]
- *[Election of councillors to [insert name of local authority/parish council in full]]
- *[Referendum on how [insert name of council] Council is run]
- *[Election of London Assembly [London member] [constituency member for [insert name of constituency]]]
- *[Election of the Mayor [of London] [for [insert name of authority]]]
- *[[Insert title of election/referendum] election/referendum]
- * Delete or amend as appropriate

Date of election(s) [and referendum(s)] [day] [date] [month] [year]

A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at [this] [these] election(s) [and referendum(s)] without assistance.

In this form, "voter" means the person casting the vote at the election or referendum and includes a person voting as a proxy.

Part 1 To be completed by the voter's companion Companion's name Companion's address Voter's name [Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for: Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]

I have been requested to assist the voter named above to record their vote at [this] [these] election(s) [and referendum(s)]. I declare that:				
(1) • I am aged 18 or o	(1) • I am aged 18 or over			
AND				
I have not previously assisted more than one voter with disabilities at [this] [these] election(s) [or referendum(s)]. If I have assisted one other voter their name and address is:				
[Complete if appropriate] Name and address of other person assisted				
NOTE – It is a criminal offence to knowingly make a false statement in this form.				
Companion's signature		Date		
Part 2 To be completed by the Presiding Officer				
I, the undersigned, being the Presiding Officer for:				
Polling station		Voting area of		
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature		
Date		Time (exact)		

Regulation 9

Local Authorities (Conduct of Referendums) (Council Tax Increases) (England) Regulations 2012: New Forms

Part 1

Form for use at Local Government Financial Act referendum not taken with another election or referendum

Form of declaration to be made by the companion of a voter or proxy with disabilities

Declaration for the companion of a voter with disabilities			
Referendum on the Council Tax increase for [insert name of authority]			
Date of election [day] [date] [month]	[year]		
A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at this referendum without assistance. In this form, "voter" means the person casting the vote at the referendum and includes a person voting as a proxy.			
Part 1 To be completed by the vo	ter's companion		
Companion's name			
Companion's address			
Voter's name			
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:			
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]			
I have been requested to assist the voter named above to record their vote at this referendum. I declare that:			
(1) • I am aged 18 or over			
AND (2) • I have not previously assisted more than one voter with disabilities at this referendum. If I have assisted one other voter their name and address is:			
[Complete if appropriate] Name and address of other person assisted			

NOTE – It is a criminal offence to knowingly make a false statement in this form.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station Voting area of			
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature	
Date Time (exact)			

Form for use at Local Government Financial Act referendum when combined with another election or referendum

Form of declaration to be made by the companion of a voter or proxy with disabilities

Declaration for the companion of a voter with disabilities			
*[Election of Member of Parliament for [insert name of combined authority]			
*[Election of councillors to [inser council in full]]	t name of local authority/parish		
*Referendum on the Council Tax authority]	Increase for [insert name of		
*[Election of London Assembly [I member for the [insert name of			
*[Election of the Mayor [of Londo authority]]]	on] [for [insert name of		
*[[Insert name of election/referen	dum] election/referendum]		
*Delete or amend as appropriate			
Date of election(s) [and referendum [year]	Date of election(s) [and referendum(s)] [day] [date] [month] [year]		
A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at [this] [these] election(s) [and referendum(s)] without assistance. In this form, "voter" means the person casting the vote at the election or referendum and includes a person voting as a proxy.			
Part 1 To be completed by the voter's companion			
Companion's name			
Companion's address			
Voter's name			
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:			
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]			

I have been requested to assist the voter named above to record their vote at [this] [these] election(s) [and referendum(s)]. I declare that:			
(1) ◆ I am aged 18 or over			
AND			
I have not previously assisted more than one voter with disabilities at [this] [these] election(s) [or referendum(s)]. If I have assisted one other voter their name and address is:			
[Complete if appropriate] Name and address of other person assisted			
NOTE – It is a criminal offence to knowingly make a false statement in this form.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station		Voting area of	
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature	
Date		Time (exact)	

Regulation 10

Police and Crime Commissioner Elections Order 2012: New Form

Form 18: declaration to be made by the companion of a voter with disabilities

Declaration for the companion of a voter with disabilities		
Election of the Police and Crime Commissioner for [insert name of police area] police area		
Date of election [day] [date] [month]	l [year]	
A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at this election without assistance. In this form, "voter" means the person casting the vote at the election and includes a person voting as a proxy.		
Part 1 To be completed by the vo	ter's companion	
Companion's name		
Companion's address		
Voter's name		
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:		
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]		
I have been requested to assist the voter named above to record their vote at this election. I declare that:		
(1) • I am aged 18 or over		
I have not previously assisted more than one voter with disabilities at this election. If I have assisted one other voter their name and address is:		
[Complete if appropriate] Name and address of other person assisted		

NOTE – It is a criminal offence to knowingly make a false statement in this form.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station		Voting area of	
Hereby certify that the a declaration was signed i presence.		Presiding Officer signature	
Date		Time (exact)	

Regulation 11

Neighbourhood Planning (Referendums) Regulations 2012: New Forms

Part 1

Form for residential neighbourhood planning referendum not taken with another election or referendum

Form 13: declaration to be made by the companion of a voter or proxy with disabilities

Declaration for the companion of a voter with disabilities		
Referendum on the [Neighbourhood Plan / Neighbourhood Development Order / Community Right to Build Order] for [insert name of neighbourhood area]		
Date of referendum [day] [date] [mo	nth] [year]	
A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at this referendum without assistance. In this form, "voter" means the person casting the vote at the referendum and includes a person voting as a proxy.		
Part 1 To be completed by the vo	ter's companion	
Companion's name		
Companion's address		
Voter's name		
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:		
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]		
I have been requested to assist the above named voter to record their vote at this referendum. I declare that:		
(1) • I am aged 18 or over		
I have not previously assisted more than one voter with disabilities at this referendum. If I have assisted one other voter their name and address is:		
[Complete if appropriate] Name and address of other person assisted		

NOTE – It is a criminal offence to knowingly make a false statement in this form.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station		Neighbourhood area of	
Hereby certify that the a declaration was signed presence.		Presiding Officer signature	
Date		Time (exact)	

Form for residential neighbourhood planning referendum when combined with another election or referendum

Form 14: declaration to be made by the companion of a voter or proxy with disabilities

*[Election of Member of Parliament for the [insert name of constituency] constituency] *[Election of councillors to [insert name of local authority/parish council in full]] *[Election of London Assembly [London member] [constituency member for [insert name of constituency]]] *[Election of the Mayor [of London] [for [insert name of authority]]] *[[Insert title of election/referendum] election/referendum] * Delete or amend as appropriate Date of election(s) [and referendum(s)] [day] [date] [month]		
*[Election of London Assembly [London member] [constituency member for [insert name of constituency]]] *[Election of the Mayor [of London] [for [insert name of authority]]] *[[Insert title of election/referendum] election/referendum] * Delete or amend as appropriate		
[constituency member for [insert name of constituency]]] *[Election of the Mayor [of London] [for [insert name of authority]]] *[[Insert title of election/referendum] election/referendum] * Delete or amend as appropriate		
authority]]] *[[Insert title of election/referendum] election/referendum] * Delete or amend as appropriate		
* Delete or amend as appropriate		
Date of election(s) [and referendum(s)] [dav] [date] [month]		
Date of election(s) [and referendum(s)] [day] [date] [month]		
[year]		
A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at [this] [these] election(s) [and referendum(s)] without assistance. In this form, "voter" means the person casting the vote at the election or referendum and includes a person voting as a proxy.		
Part 1 To be completed by the voter's companion		
Companion's name		
Companion's address		
Voter's name		
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:		
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]		

I have been requested to assist the voter named above to record their vote at [this] [these] election(s) and referendum(s)]. I declare that:				
(1) • I am aged 18 or o	(1) • I am aged 18 or over			
AND				
I have not previously assisted more than one voter with disabilities at [this] [these] election(s) [or referendum(s)]. If I have assisted one other voter their name and address is:				
[Complete if appropriate] Name and address of other person assisted				
NOTE – It is a criminal offence to knowingly make a false statement in this form.				
Companion's signature		Date		
Part 2 To be completed by the Presiding Officer				
I, the undersigned, being the Presiding Officer for:				
Polling station		Neighbourhood area of		
Hereby certify that the a declaration was signed presence.		Presiding Officer signature		
Date		Time (exact)		

Form for business neighbourhood planning referendums Form 9: declaration to be made by the companion of a named voter with disabilities

Declaration for the companion of a named voter with disabilities		
Business Referendum on the [Neighbourhood Plan / Neighbourhood Development Order] for [insert name of neighbourhood area]		
Date of referendum [day] [date] [mo	onth] [year]	
A named voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at this referendum without assistance.		
Part 1 To be completed by the na	med voter's companion	
Companion's name		
Companion's address		
Name of named voter		
Number on business voting register		
Name of business vote holder		
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:		
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]		
I have been requested to assist the above named voter to record their vote at this referendum. I declare that:		
(1) • I am aged 18 or over		
AND (2) • I have not previously assisted more than one voter with disabilities at this referendum. If I have assisted one other voter their name and address is:		
[Complete if appropriate] Name and address of other person assisted		

NOTE – It is a criminal offence to knowingly make a false statement in this form.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station		Neighbourhood area of	
Hereby certify that the a declaration was signed presence.		Presiding Officer signature	
Date		Time (exact)	

Regulation 13

Combined Authorities (Mayoral Elections) Order 2017: New Forms

Part 1

Form for use at mayoral election not taken with another election or referendum Form 14: declaration to be made by the companion of a voter with disabilities

Declaration for the companion of a voter with disabilities		
Election of the Mayor for [insert name of combined authority]		
Date of election [day] [date] [month]	[year]	
A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at this election without assistance. In this form, "voter" means the person casting the vote at the election and includes a person voting as a proxy.		
Part 1 To be completed by the vo	ter's companion	
Companion's name		
Companion's address		
Voter's name		
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:		
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]		
I have been requested to assist the voter named above to record their vote at this election. I declare that:		
AND (2) I have not previously assisted more than one voter with disabilities at this election. If I have assisted one other voter their name and address is:		
[Complete if appropriate] Name and address of other person assisted		

NOTE – It is a criminal offence to communicate at any time to any person any information as to the way in which the voter intends to vote or has voted.			
Companion's signature		Date	
Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:			
Polling station		Electoral area of	
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature	
Date		Time (exact)	

Form for use at mayoral election when combined with another election or referendum Form 14: declaration to be made by the companion of a voter with disabilities

Declaration for the companion of a voter with disabilities		
[Election of the Mayor for [insert name of combined authority] *[Election of Member of Parliament for the [insert name of the constituency] constituency]		
*[Election of councillors to [inser authority/parish/community cou		
*[[Insert name of election/referendum]election/referendum]		
Date of election(s) [and referendum [year]	(s)] [day] [date] [month]	
A voter with disabilities is a voter who has made a declaration that he or she is so incapacitated by his or her blindness or other disability, or by his or her inability to read, as to be unable to vote at [this] [these] election(s) [and referendum(s)] without assistance. In this form, "voter" means the person casting the vote at the election or referendum and includes a person voting as a proxy.		
Part 1 To be completed by the voter's companion		
Companion's name		
Companion's address		
Voter's name		
[Only for use if the disabled voter is acting as a proxy] Voter is acting as proxy for:		
Elector's number [If the disabled voter is acting as a proxy, this is the number of the person for whom the voter is acting]		

I have been requested to assist the voter named above to record their vote at [this] [these] election(s) [and referendum(s)]. I declare that:				
(1)				
AND				
I have not previously assisted more than one voter with disabilities at [this] [these] election(s) [or referendum(s)]. If I have assisted one other voter their name and address is:				
[Complete if appropriate] Name and address of other person assisted				
NOTE – It is a criminal offence to communicate at any time to any person any information as to the way in which the voter intends to vote or has voted.				
Companion's signature		Date		
Part 2 To be compl	Part 2 To be completed by the Presiding Officer			
I, the undersigned, being the Presiding Officer for:				
Polling station		Electoral area of		
Hereby certify that the above declaration was signed in my presence.		Presiding Officer signature		
Date		Time (exact)		

Regulation 14

Police and Crime Commissioner Elections (Welsh Forms) Order 2021: New Form **Form 18: declaration to be made by companion of a voter with disabilities**

Datganiad ar gyfer cydymaith pleidleisiwr ag anableddau				
Ethol Comisiynydd yr Heddlu a Throseddu ar gyfer ardal heddlu [insert name of police area]				
Dyddiad yr etholiad [diwrnod] [date] [mis] [blwyddyn]				
Pleidleisiwr ag anableddau yw pleidleisiwr sydd wedi datgan na all bleidleisio yn yr etholiad heb gymorth oherwydd ei analluogrwydd yn sgil ei ddallineb neu anabledd arall, neu oherwydd ei anallu i ddarllen. Yn y ffurflen hon, mae "pleidleisiwr" yn golygu'r unigolyn sy'n bwrw pleidlais yn yr etholiad ac mae'n cynnwys rhywun yn pleidleisio fel dirprwy.				
Rhan 1 I'w chwblhau gan gydymaith y pleidleisiwr				
Enw'r cydymaith				
Cyfeiriad y cydymaith				
Enw'r pleidleisiwr				
[l'w ddefnyddio os bydd y pleidleisiwr anabl yn gweithredu drwy ddirprwy yn unig] Mae'r pleidleisiwr yn gweithredu drwy ddirprwy ar ran:				
Rhif yr etholwr [Os yw'r pleidleisiwr anabl yn gweithredu drwy ddirprwy, rhif yr unigolyn y mae'r pleidleisiwr yn gweithredu drosto yw hwn]				
Gofynnwyd imi helpu'r pleidleisiwr a enwir uchod i gofnodi ei bleidlais yn yr etholiad hwn. Rwyf yn datgan y canlynol:				
Fy mod yn 18 oed neu'n hŷn AC (2) Nac ydw i wedi helpu mwy nag un pleidleisiwr ag anableddau yn yr etholiad hwn o'r blaen. Os ydw i wedi helpu mwy nag un pleidleisiwr arall, enw a chyfeiriad y pleidleiswyr yw:				
[Cwblhewch os yn briodol] Enw a chyfeiriad y person arall gafodd help				

NODER – Mae'n drosedd gwneud datganiad ffug yn fwriadol yn y ffurflen hon				
Llofnod y cydymaith		Dyddiad		
Rhan 2 I'w chwblhau gan y Swyddog Llywyddu				
Rwyf i, yr hwn sy'n llofnodi isod, fel y Swyddog Llywyddu ar gyfer:				
Gorsaf Bleidleisio		Ardal Bleidleisio		
Yn ardystio drwy hyn fod y datganiad uchod wedi'i lofnodi yn fy mhresenoldeb.		Llofnod y Swyddog Llywyddu		
Dyddiad		Amser (union)		