

REGISTRATION OF ELECTORS ACT, NO. 44 OF 1980

FORM - 'A'

SECTION 14 (1)

FORM OF CLAIM FOR ENTRY OR RETENTION OF NAME OF A PERSON IN THE REGISTER OF ELECTORS BY THAT PERSON HIMSELF

To the Registering Officer, Electoral District.

I hereby make this claim to have my name which is given below and which has been omitted*/expunged* from the register of electors of the above mentioned electoral district, entered*/retained* in that register.

The particulars in respect of my claim are stated below:-

- (1) My full name – Rev.*/Mr.*/Mrs.*/Miss*
- (2) Qualifying address where I was ordinarily resident on June 1, 20.....
 - (i) Assessment No :
 - (ii) Householder's List No:
 - (iii) Street:
 - (iv) Village*/Town*/Estate*:
 - (v) Post Office:
 - (vi) Grama Niladhari's Division:
 - (vii) Divisional Secretary's Division:
- (3) Age on June 1, 20.....
 - (i) Years: Months:
 - (ii) Date of birth:
- (4) Any other particulars:
 - (i) Name as given in the National Identity Card:
 - (ii) National Identity Card Number:
 - (iii) Other particulars to be submitted; (Particulars of last/ previous registration/ if not registered in the previous year, reasons for failure.):
 - (iv) Telephone Number:

(5) I hereby state that,

(i) I am a citizen of Sri Lanka. Relevant particulars including the number and date of –

(a) the certificate of citizenship*/ certificate of registration*/ other citizenship document;

(b) certificate of birth and other documents in proof of birth, held by me are as follows:-

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(ii) I was ordinarily resident at the address mentioned in item (2) above on the first day of June, 20.....

(iii) I have not made a claim or not furnished particulars using enumeration forms for registration under any other address in the above mentioned electoral district or in any other electoral district.

Declaration

I hereby declare that the above claim is true in all particulars, that I am qualified to be registered as an elector for the above mentioned electoral district and wish to submit all the relevant qualifications for the registration at the claim enquiry.

.....
Signature or thumb mark of Claimant

Address of Claimant:
(Address to which the letters calling for enquiry be sent)

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.....
.....

Date:

* Delete words which are not applicable.

Election Commission E-mail : info@elections.gov.lk