**MINISTRY OF THE INTERIOR**

**EUROPEAN ELECTIONS 2024**

**Polling Stations Abroad**

**Voter declaration for voting at a polling station abroad**

I hereby declare that I am registered on the electoral roll and wish to exercise my right to vote in the European Elections of 9th June 2024, at the special polling station that will operate for this purpose in the city\* ………………………………………………………………

in …………………………. (state the country).

**VOTER’S DETAILS**

|  |  |
| --- | --- |
| **Surname:** …………………..….…………. | **Name:** ………………………………………..…. |
| **ID Card Number:** …………..……………. | **Date of Issue:** ……………………………. |
| **Electoral Book Number:** ………..……… | |
| **Address abroad:** ………………………..………………………………………………………… | |
| **Address in Cyprus:** ……………………………….……………………………………………… | |
| Email: ……………………………………………………………………………...………………... | |
|  | |
| **Phone Number Abroad:** ………………… | **Phone number in Cyprus:** ……………… |
|  |  |
| Application Receipt Date: ………….…Receiver’s Stamp ……………………………...  Voter’s Signature: | |

**\*Select only from the options below:**

**GREECE**: Athens, Volos, Heraklion, Thessaloniki, Ioannina, Komotini, Larissa, Patras, Rethimno, Rhodes.

**UNITED KINGDOM:** Glasgow, Leeds, London - Cypriot Community Centre, London - High Commission of Cyprus in the UK, Manchester, Birmingham, Bristol

**BELGIUM:** Brussels

It is noted that polling stations abroad, in accordance with the legislation, can only operate in cities where the number of voters submitting this declaration **exceeds fifty (50).**

**This declaration must be submitted, duly completed, no later than 02.04.2024**, to the Central Election Service of the Ministry of the Interior or to the local offices of District Administrations, or to Citizens' Service Center or to Citizens’ Centers (Cyprus Post) or to Embassies/Consulates of the Republic.

**Any declaration submitted after 02.04.2024**, will not be taken into consideration and voters will have to go to their polling station in Cyprus to vote.

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**ACKNOWLEDGEMENT RECEIPT**

|  |  |
| --- | --- |
| Voter’s full name: ………………………………………………………………………………….. | |
| ID card Number: ……………………… | Electoral Book Number:…………………… |
| Application Submission Date:…/…./…. | Receiver’s Signature: …………...…. Stamp |
|  |  |