REMOVAL OF ELECTOR'S NAME FROM ROLL
(Incapable of understanding the nature and significance of enrolment and voting)

To remove a person's name from the roll on the grounds of being incapable of understanding the nature and significance of enrolment and voting:

- The form overleaf must be completed by someone who is currently on the Electoral Roll; and
- A medical practitioner must complete the certificate below.

The completed form may be returned by:

- **Post** (no stamp needed)   The Electoral Commissioner
  Victorian Electoral Commission
  Reply Paid 66506
  Melbourne VIC 8001

- **Fax** (both sides)   +61 3 9620 1568

- **Email** (scan both sides)   elector@vec.vic.gov.au

When the objection process described overleaf is complete, the elector will be removed from the electoral roll for Federal, State and local council elections.

Medical Certificate (medical practitioner to complete)

Doctor's name: _____

Address: _____

_____

_____

Telephone: _____

I am a registered medical practitioner and in my opinion the elector named overleaf, "by reason of being of unsound mind, is incapable of understanding the nature and significance of enrolment and voting"
(*Constitution Act 1975* S48(2)(d) and *Commonwealth Electoral Act 1918* S93(8)(a) and S116(4)(a))

_____
Doctor's Signature

Date   /   /

Advice that an elector should not be on the electoral roll

Authorisation to collect the information on this form is contained in the Commonwealth Electoral Act 1918

Objection to enrolment
(under section 114 of Commonwealth Electoral Act 1918)

If you believe that a person whose name appears on an electoral roll is no longer capable of voting, then you may use this form to advise the Australian Electoral Commission (AEC).

To lodge an objection on this basis you must be enrolled to vote, but not necessarily in the same electoral division as the person named in your objection.

Objecting to a person's enrolment for any other reason requires a different form (ER005Aw_0804) available from AEC offices.

Objection reason

The reason for making this objection is that you believe the person:

• is of unsound mind and incapable of understanding the nature and significance of enrolment and voting
(must be accompanied by a certificate from a registered medical practitioner — see other side.)

The objection process

When your objection is received the AEC will write to the person you have named notifying them of your objection and stating the reason you have given. The person will be advised of your name and address. The person will be allowed 20 days to provide information to confirm their right to remain enrolled. If they are unable to do so, or if they do not respond within 20 days, their name will be removed from the electoral roll.

If your objection is considered to be frivolous or vexatious it will be dismissed without giving notice to the person you have named.

Lodging your objection

When both sides of this form have been completed, lodge it as per the instructions on the other side.

Further information

You can get more information from the

Victorian Electoral Commission - phone 13 18 32

Victorian Electoral Commission
Level 11, 530 Collins St
Melbourne VIC 3000
www.vec.vic.gov.au

or from any office of the Australian Electoral Commission. Addresses are listed in the phone book or you can ring 13 23 26 or visit www.aec.gov.au

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OFFICE USE ONLY

Medical Certificate supplied?   Yes ☐   No ☐

INC_ERB_0806

Note: Giving false or misleading information is a serious offence.

1 Electoral Division (if known) _____

2 Details of the elector who should not be on the electoral roll

Surname _____

Given names _____

Date of birth ____ / ____ / ____

Enrolled address _____

3 The elector's current postal address
(if the same as above, write 'AS ABOVE')
_____

4 Reason the elector should not be on the electoral roll
The elector named above is of unsound mind and incapable of understanding the nature and significance of enrolment and voting

▶ Medical certificate on reverse completed ☐

5 DECLARATION
The information I have given is true and complete.
I am enrolled to vote.
I am aware that my name and address, and the reasons I have given will be provided to the elector.

Signature _____

Date ____ / ____ / ____

Surname _____

Given names _____

Date of birth ____ / ____ / ____

Residential address _____

Postal address
(if the same as above, write 'AS ABOVE')
_____

Telephone _____

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Office use only	Date received		CATS	Notation	ACK	RVI	NIN
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