## ELECTORAL FORM XV FORM FOR CANCELLATION OF PROXY VOTE

TO: The Registration Officer	Constituency.	
I	of	
(full name)	(address)	
hereby give notice of cancellation of r	my arrangements to vote by proxy	
Signed	Witness	
Dated		
Note: This notice must be signed and	d dated by the postal voter, whose si	gnature must be witnessed by an elec-

tor or a justice of the peace.