

To be used by citizens of the Republic of Austria, the Kingdom of Belgium, the Republic of Bulgaria, the Republic of Croatia, the Republic of Cyprus, the Czech Republic, the Kingdom of Denmark, the Republic of Estonia, the Republic of Finland, the French Republic, the Federal Republic of Germany, the Hellenic Republic, the Republic of Hungary, Ireland, the Italian Republic, the Republic of Lithuania, the Grand Duchy of Luxembourg, the Republic of Malta, the Kingdom of the Netherlands, the Republic of Poland, the Portuguese Republic, Romania, the Slovak Republic, the Republic of Slovenia, the Kingdom of Spain, the Kingdom of Sweden

## APPLICATION to the Central Election Commission

**In the European Parliament elections 2019, I wish to exercise my right to vote in the Republic of Latvia and I provide the following information about myself (\* - mandatory fields):**

NAME (-S) *	SURNAME (-S) *	
PLACE OF BIRTH (country, city)	DATE OF BIRTH* <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day                      month                      year	SEX* <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
IDENTITY NUMBER * (on the Population Register of the Republic of Latvia)  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CITIZENSHIP (- S) *	
E-MAIL ADDRESS	RESIDENCE ADDRESS IN THE REPUBLIC OF LATVIA*	
ADDRESS IN A FOREIGN STATE TO WHICH DOCUMENTS FOR POSTAL VOTING SHALL BE SENT (please fill in if you wish to vote by post from abroad)		
INFORMATION REGARDING THE PERSONAL IDENTIFICATION DOCUMENT*		
TYPE: <input type="checkbox"/> PASSPORT <input type="checkbox"/> IDENTITY CARD		
NUMBER AND SERIES: _____		
ISSUING STATE: _____ ISSUING AUTHORITY: _____		
DATE OF ISSUE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	TERM OF VALIDITY
	day                      month                      year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> day                      month                      year
I WAS LAST ENTERED ON THE ELECTORAL ROLL OF*		
_____		
(EU member state – constituency)		

**I hereby undertake to exercise my right to vote in the European Parliament elections 2019 only in the Republic of Latvia.**

**I hereby agree to the processing of my personal data.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

The data controller: the Central Election Commission of the Republic of Latvia  
Purpose of data processing: person's registration for the European Parliament elections in the Republic of Latvia  
Storage period of the application: a month after the elections

Please submit the filled in Application Form to the Central Election Commission (4 Smilšu Street, Riga, LV-1050) personally, by post or electronically by using the e-service on the portal [www.latvija.lv](http://www.latvija.lv).