

THE MEDICAL COUNCIL ACT 1999
(Section 4)

Election of Members of the Medical Council of Mauritius 2025

Application for Appointment of Proxy

To: The Returning Officer

A. PARTICULARS AND DECLARATION OF APPLICANT

Surname
(In Block Letters)

Other Name(s)

Address

National Identity Card No.

Tel. No. (Home)

Mobile No.

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I, the abovenamed applicant, being a fully registered medical practitioner, who, on poll day will be serving in Rodrigues/Agalega/Mauritian Embassy/High Commission* at, hereby apply for the issue of a proxy paper appointing the person named hereunder as proxy to vote for me.

I also declare that I have not appointed nor will appoint another person to act as proxy on my behalf except the undernamed.

Date

.....
Signature of Applicant

B. PARTICULARS AND DECLARATION OF PROXY

Surname
(In Block Letters)

Other Name(s)

Address

National Identity Card No.

Tel. No. (Home)

Mobile No.

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I, the abovenamed proxy, do hereby declare that

- (a) I am willing to be appointed proxy and capable of acting as such; and
- (c) I shall not act as proxy for **more than two** electors at this election.

Date

.....
Signature of Proxy

Notes:

1. A person who appoints a proxy will not be entitled to vote in person.
2. A person cannot be a proxy unless he is a Commonwealth over 18 years of age and not subject to any legal incapacity to vote.
3. A person cannot act as proxy for more than 2 electors at this election.
4. This application must reach the Returning Officer by Friday 04 April 2025 at 4 p.m.