Appointment of Proxy for AGM

Name, Student ID and address of member appointing proxy:

|  |  |
| --- | --- |
| Name |  |
| Student ID (not including the ‘C’) |  |  |  |  |  |  |  |
| Address |  |

Name of Proxy

|  |  |
| --- | --- |
| Name of the Proxy Voter |  |
| Student ID (not including the ‘C’) of the proxy voter |  |  |  |  |  |  |  |

Time and date of the meeting the Proxy is to attend:

**Note: This must be returned to the student voice department in person by midday on the day of AGM.**

Signed by:

Member name: Member signature:

Date: