

Proxy Form

Must be submitted by 2pm, Saturday 28th October 2017

Appointer of Proxy

Membership No.	
Full Name:	
Address:	
Mobile Number	
E-mail Address	

Appointed Proxy Details

Membership No.	
Full Name:	
Address:	
Mobile Number	
E-mail Address	

General Instructions (Insert if any):	
--	--

Signed by:
(Appointer)

Date: