**DOWN SYNDROME ASSOCIATION OF NEW SOUTH WALES INC**

**Appointment of Proxy for Annual General Meeting of Members to be held on Sunday 31 October 2021 at 11am**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Being an authorised Member of Down Syndrome Association of New South Wales entitled to attend and vote at the Annual General Meeting of Members hereby appoint (tick appropriate box):

[ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
[Insert full name and title]

**OR**

[ ]  President of the meeting

as my Proxy at the meeting of Members to be held on Sunday 31 October 2021 at 11am.

My Proxy is authorised to vote at the meeting:

[ ]  In favour of

[ ]  Against

any resolutions put to the meeting.

OR

[ ]  My Proxy may vote as they see fit

***Note: Proxies will only be valid and accepted by the Company if they are signed and received no later than 48 hours before the meeting.***

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send signed for to Secretary@dsansw.org.au