

APPENDIX 7: Proxy Appointment Forms

ROBYN JANE CHILDREN'S CENTRE INC. PROXY APPOINTMENT FORM



I, _____ of _____
(name) *(address)*

do hereby nominate _____ who is a member of Robyn Jane Children's Centre Inc to act as my proxy in all votes taken at the Annual General Meeting/ Special Meeting of the Robyn Jane Children's Centre Inc. to be held on _____ and at any adjournment of that meeting.

My proxy is authorised to vote in favour of/ against the following special resolution. If I do not specify the proxy may vote as they see fit.

Signature _____

Date _____

Note:

Your Proxy Appointment Form should be received by the Secretary of the Committee of Management of Robyn Jane Children's Centre.