

Full member appointing Proxy:	
Name of person acting as Proxy:	
Telephone contact for Proxy:	
Contact email address for Proxy:	
Signature of person acting as Proxy:	
Date of meeting for which the Proxy is being appointed:	Tuesday 7 October 2025
<p>Proxy Discretion:</p> <p><i>Please choose one of the following two options.</i></p> <p><input type="checkbox"/> The Proxy may vote on any matter as they see fit;</p> <p>OR</p> <p><input type="checkbox"/> The member requires the Proxy to follow the written instructions of the member.</p> <p><i>Please tick one of the boxes above</i></p>	<p>The Proxy is to exercise the Member's votes at the Caring Families Aotearoa AGM as they see fit.</p> <p>OR</p> <p>The Proxy must exercise the Member's votes as per instructions (specific or general) which will be communicated to the Proxy in writing prior to the commencement of the AGM.</p>
Signature of Member appointing Proxy:	