Caring Families AOTEAROA
CELEBRATING 50 YEARS

PROXY FORM

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:	**Wednesday 21 October 2026**
Proxy Discretion: ***Please choose one of the following two options.*** ☐ The Proxy may vote on any matter as they see fit; ***OR*** ☐ The member requires the Proxy to follow the written instructions of the member. ***Please tick one of the boxes above***	The Proxy is to exercise the Member's votes at the Caring Families Aotearoa AGM as they see fit. ***OR*** 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.
Signature of Member appointing Proxy:	