



FORM OF APPOINTMENT OF PROXY

I, (name)
of.....
..... (address)

Being a member of the Southwell School Association appoint
..... (name of proxy holder)
of.....
..... (address of proxy holder)

Being a member of the Southwell School Association as my proxy to vote on my
behalf at the *Annual/*Special General Meeting of the Association to be held on
..... (date of meeting)
at.....
and at any adjournment of that meeting.

My proxy is authorised to vote in favour of/against the following resolution(s):
For/Against.....
.....
.....[insert details of resolution above]

Signed:
Date: Witness signature.....
.....(name of witness)
Address:
.....(address of witness)
Occupation:.....
..... (occupation of witness)

Please return your completed Proxy Form to the Southwell School Association
48 hours prior to the meeting.

Post: The Secretary, Southwell School Association, :PO Box 14015 Five Cross Roads
Hamilton 3252
Deliver: The Management Centre, Southwell School, 200 Peachgrove Rd, Claudelands,
Hamilton 3252
Fax: 07 855 9023
E-mail: office@southwell.school.nz