



## Form C

### Notification, appointment of proxy and acceptance of mandate

*Note: In terms of section 6(5) of the Sectional Titles Schemes Management Act, 2011 a member must be represented in person or by proxy at meetings of the body corporate and a person may not act as a proxy for more than two members of the body corporate*

|                        |                                    |
|------------------------|------------------------------------|
| <b>Scheme Details:</b> |                                    |
| Name of Scheme:        |                                    |
| SS Number / year:      | / (first number, if more than one) |

To: The Body Corporate

I/We, the undersigned owner(s) and member(s) give notice to the body corporate of the above scheme that I/we appoint a proxy to speak and vote at the general meetings (including adjournments) and on the terms set out below.

|                                    |  |
|------------------------------------|--|
| Member name(s):                    |  |
| Unit number(s):                    |  |
| Proxy name (insert one full name): |  |

This appointment applies to: (tick **one** of the following as necessary)

|  |  |
|--|--|
| <input type="checkbox"/> The general meeting to be held on:  | <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>D D M M Y Y Y Y |
| <input type="checkbox"/> All general meetings held before:   | <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>D D M M Y Y Y Y |
| <input type="checkbox"/> All general meetings until and including the body corporate's next annual general meeting |  |

Special conditions or instructions to proxy (if left blank, the appointment is unconditional)

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|--|--|
| Signature of members giving mandate:   |  |
| Signature:                             | <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>D D M M Y Y Y Y |
| Signature of person accepting mandate: |  |
| Signature:                             | <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>D D M M Y Y Y Y |