

BEACONVALE IMPROVEMENT DISTRICT NPC 2016/244690/08 NPC

(CARE OF FI GROUP) UNIT A1 CONNAUGHT PARK, MC GREGOR STREET, BEACONVALE, 7500 www.beaconvalecid.co.za | info@beaconvalecid.co.za | 083 255 7657

PROXY FORM

/we, the u	ndersigned			
peing a me	ember of / being duly authorized and acting on behalf	of		
	Name(s)			
	ERF/Erven Number(s)			
nereby ap	point			
	Name of Person / Chairpers	on		
			 	/-
lerewith r	my/our proxy to attend, speak at, approve of, to vote or	abstain fro	om votin	g on my/ou
	my/our proxy to attend, speak at, approve of, to vote on meeting of the BEACONVALE IMPROVEMENT DISTR			-
ehalf at a	meeting of the BEACONVALE IMPROVEMENT DISTRI			-
oehalf at a neld on 7 l	meeting of the BEACONVALE IMPROVEMENT DISTRI November 2017 and at any adjournment thereof.	CT NPC Sp		-
oehalf at a neld on 7 l	meeting of the BEACONVALE IMPROVEMENT DISTRING MOVEMENT DISTRING MOVEMBER 2017 and at any adjournment thereof.	CT NPC Sp ;		-
oehalf at a neld on 7 l	meeting of the BEACONVALE IMPROVEMENT DISTRI November 2017 and at any adjournment thereof.	CT NPC Sp ; ropriate		-
pehalf at a neld on 7 l Confirmati	meeting of the BEACONVALE IMPROVEMENT DISTRI November 2017 and at any adjournment thereof. ion/appointment/approval will be done on the following Mark app	CT NPC Sp ; ropriate	ecial Ge	neral Meeti
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The proxy form may be delivered at the offices of the Company no less than 24 hours prior to the advertised time of the

Hand to the Chairperson of the Meeting by no later than 10 minutes prior to the advertised time of the start of the meeting,

start of the meeting; OR

failing which it shall not be deemed to be valid.