



# BEACONVALE

improvement district

BEACONVALE IMPROVEMENT DISTRICT NPC

2017/258764/08 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

I/we, the undersigned \_\_\_\_\_

Members Name(s)

being a member of / being duly authorized and acting on behalf of

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
ERF/Erven Number(s)

hereby appoint \_\_\_\_\_

Name of Person / Chairperson

Herewith my/our proxy to attend, speak at, approve of, to vote or abstain from voting on my/our behalf at a Members Meeting of the BEACONVALE IMPROVEMENT DISTRICT NPC to be held on 8 October 2018 and at any adjournment thereof.

Confirmation/appointment/approval will be done on the following;

Mark appropriate

		ATTEND	SPEAK	VOTE	ABSTAIN
1.	Approval of Budget and usage of Surplus Funds 2019/2020				
2.	Approval of Implementation Plan 2019/2020				
3.	Appointment of Auditors				
4.	Confirmation of Election of Directors				

SIGNED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2018.

Signature \_\_\_\_\_

Note: This proxy form must:

- The proxy form may be delivered at the offices of the Company no less than 24 hours prior to the advertised time of the start of the meeting