

may not delegate his/her authority to act on my/our behalf to another person.

SIGNED at **on this** **day of 20...**

.....
Signature Full Names

Notes to proxy form:

1. Signed and dated proxy forms (original or electronic copies), must be delivered to the office of the Company at **1 Thibault Square, 13th Floor, Cnr Long St & Hans Strijdom Ave, Cape Town, 8001** or transmitted via email to: **stephen@capetownccid.org** on or before **14 November 2019**.
2. No proxy forms will be accepted at the meeting.
3. The member(s) shall not be precluded from attending, speaking and voting at the meeting by virtue of lodging this proxy form as aforesaid. In such an event, the member(s) will be deemed to have revoked the proxy appointment.
4. Any alteration to this proxy form must be initialled by the signatory(ies).