

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 body corporate and a person may not act as a proxy for more than two members of the body corporate.

Schemes Details:	
Name of Scheme:	<i>Walmer Park Village</i>
SS Number/year:	183 / 89 (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 numbers:	
Proxy name (insert one full name):	

This appointment applies to: (tick one of the following and complete 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"/> DD MM YYYY
<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"/> DD MM YYYY
<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 appointed is unconditional)

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Signature(s) of members giving mandate:

	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DD MM YYYY
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Signature of person accepting mandate:

	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DD MM YYYY
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