

Registration No.: 2017/285116/08

OUR AREA, OUR COMMUNITY, OUR SAFETY, OUR SHARED RESPONSIBILITY

TO BE COMPLETED ONLY BY MEMBERS (OR THEIR DULY AUTHORISED REPRESENTATIVE), OF THE MONTAGUE GARDENS MARCONI BEAM NPC

PROXY FORM					Initial
of the	registered owner(s)/ member of the registered owner (delete whichever is not ap (insert street) (insert street) (insert oate in, speak and vote on my/our behalf at tany to be convened at Montague Gardens Mar Milnerton on Tuesday, 2 nd November 202 fas follows:	ner/duly au plicable), of address), name of pro he Annual (coni Beam l	thorised rep f Erf no hereby oxy) as my/o General Me NPC, Unit 3	appoint our proxy to eting of the 4 Platinum	
	Proposed Resolutions	In			
Item No.	Description	favour of	Against	Abstain	
My/oui	proxy:				
il is control in the	hall vote in accordance with my/our wishes, as the appropriate space above; so not authorised to exercise his/her discretion if lirection in respect of any proposed resolution may decide in his/her discretion whether to eny/our voting right(s) on a matter in respect dvance notice; and may not delegate his/her authority to act on my	this proxy ir as per the a exercise or a of which me of which four	nstrument do genda; abstain from embers did to another p	nes not give nexercising not receive erson.	
			-		
Signature		Full Names			



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Notes to proxy form:

- Signed and dated proxy forms (original or electronic copies) must be delivered to the office
 of the Company at Unit 3, 4 Platinum Close, Milnerton or transmitted via email to:
 info@mmid.org.za not less than 24 (twenty four) hours prior to the time of the meeting.
- 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).