



ANNUAL GENERAL MEETING

Proxy Form

To enable the PBHSOB Association the ability to process this form timeously and efficiently, please ensure that all relevant sections are filled out correctly and in full.

Member Details

First name*	<input type="text"/>																				
Surname*	<input type="text"/>																				
Identity number	<input type="text"/>								Date of birth*	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	<input type="text"/>	-	<input type="text"/>							Cellphone*	<input type="text"/>		<input type="text"/>								
Email address*	<input type="text"/>																				

Declaration

I, (FULL NAME)

of, (ADDRESS)

being a member of the Pretoria Boys High School Old Boys Association, hereby authorise my proxy to vote against any and all resolutions raised at the Annual General Meeting. My designated proxy, also being a member of the Pretoria Boys High School Old Boys Association, shall be:

The Chairman of the Association

Other (Please Specify Name)

Member Declaration

Signature of applicant/member	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Signed at	<input type="text"/>									

