

FORM OF APPOINTMENT OF PROXY

I of
(name) (address)

being Secretary of
(name of affiliated State/Region)

hereby appoint of
(name) (address)

as Proxy, to vote for the Affiliated Organisation as named above at the following Meeting/s
and at any adjournment of such meeting/s.

(circle appropriate meeting/s)

General Meeting 26 September 2021
Annual General Meeting 26 September 2021

The Proxy has open voting rights unless otherwise instructed. Examining Body proxy
delegate will have no voting rights and must be a financial member of that Examining Body.
It is expected the Appointer will fully advise and direct the proxy to the various matters likely
to be raised at the meeting/s.

.....
Secretary's Signature

.....
Date

*Please ensure that this document is received by the ABHDI Secretary prior to the meeting/s
as per Constitution. For Meeting 177 no later than 31 August 2021*