**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 2 May 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 176 no later than 19 April 2021*