**Details of the Member appointing the Proxy (your details)**

|  |  |
| --- | --- |
| **Name** |  |
| **Student ID** |  |
| **Address** |  |

**Name of Proxy you are appointing (the person voting on your behalf)**

NB: A person appointed as a Proxy can hold a maximum of five Proxy Votes plus their own vote

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**Time and date of the meeting the Proxy is to attend**

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I the undersigned permit the above named person to act as my Proxy. I have indicated my voting preferences for the items of business published on the Agenda and the person I am appointing will carry out my voting wishes.

|  |  |
| --- | --- |
| **Member name** |  |
| **Member signature** |  |
| **Date** |  |

**This form MUST be received not less than 48 hours before the time of the holding of the meeting. Please return to the Student Union Building, Edinburgh Campus or email hello@hwunion.com**