**Appointment of Proxy for AGM/EGM**

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

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| --- | --- |
| **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.

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| --- | --- |
| **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 g.edwards@hw.ac.uk**