

PROXY VOTING FORM

I/We,	being a
member of the Auckland Touch Association Incorpora	ated hereby
Appoint,	as my/our
proxy to vote for me/us and on my/our behalf at the A	nnual General Meeting of
the Association to be held on the,day of_	20
or at any adjournment thereof	
DATED : The, day of	_ 20
Date:/2021	
Signature:	(Designation)

DEADLINE FOR SUBMISSION: 5.00pm on Monday 6th December 2021 via email: admin@aucklandtouch.co.nz