

Proxy Form – Form 2
Community Land Management Act 1
(C1. 6(1), 20(1) and 34(1) of Schedule 5 and C1 9(1), 29(1)
and 49(1) of Schedule 6)



FORM: F0024 ISSUE DATE: 24/07/2013

YOU MAY POST, EMAIL OR FAX THIS FORM TO Locked Bag 1919, St Leonards NSW 1590 OR
info@stratachoice.com.au OR +612 8424 9701

Date

I / We

The proprietor (s) of Lot

In *Community *Precinct *Neighbourhood Association Deposited Plan No.

Appoint

Of

as *my / *our proxy for the purposes of meetings of the Association (including adjournments of meetings)
Period or number of meetings which appointment of proxy has effect *months / *meetings

***DELETE WHICHEVER DOES NOT APPLY**

(Note: This appointment cannot have effect for more than 12 months or 2 consecutive annual general meetings, whichever is the greater, unless sooner revoked)

* 1. This form authorises the proxy to vote on my / our behalf on all matters.

* 2. This form authorises the proxy to vote on my / our behalf on the following matters only:

.....
.....
.....

Specify the matters and any limitations on the manner in which you want the proxy to vote.

***DELETE PARAGRAPH 1 or 2, WHICHEVER DOES NOT APPLY**

Signature of proprietor (s)

Signature of proxy