

PLEASE RETURN THIS FORM TO:

PO BOX 3724, PARRAMATTA NSW 2124 **OR** FAX 9630 4279 **OR** <u>mail@oconnorstrata.com.au</u>

Please refer to the 'How to complete your proxy' form attached to this agenda

Proxy appointment

Strata Schemes Management Act 2015 [Form 1]

Α	Date
В	I/We
С	the owners of lot in Strata Plan No
D	appoint of
	as my/our proxy for the purposes of meetings of the owners corporation (including adjournments of
	meetings). OR; 2 nd Choice:
Ε	I/WE appoint of
	as my/our proxy for the purposes of meetings of the owners corporation (including adjournments of
F	meetings), if already holds the maximum number of proxies that may
	be accepted.
G	Period or number of meetings for which appointment of proxy has effect for *1 meeting/*[] meetings/*1 month/*[] months/*12 months or 2 consecutive annual general meetings. *Tick or tick and complete whichever applies
	(Note. The appointment cannot have effect for more than 12 months or 2 consecutive annual general meetings, whichever is the greater).
Н	*1 This form authorises the proxy to vote on my/our behalf on all matters. OR
	*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.
I	*3 If a vote is taken on whether (the strata managing agent) should be appointed or remain in office or whether another managing agent is to be appointed, I/we want the proxy to vote as follows:
	[] [] *Delete paragraph 3 if proxy is not authorised to vote on this matter. For examples, read note 1 below.
	*4 I understand that, if the proxy already holds more than the permitted number of proxies, the proxy will not be permitted to vote on my/our behalf on any matters.
J	(all owners to sign) signature of owner/s