ARTHRITIS FOUNDATION OF SOUTH AFRICA

EST 1973

Registered Non-Profit Organisation No. 002-847 NPO

ANNUAL GENERAL MEETING (AGM) of the

ARTHRITIS FOUNDATION OF SOUTH AFRICA (AFSA)

21 NOVEMBER 2024

FORM of PROXY

I, _____(Name in full)

a member in good standing of AFSA, hereby appoint:

_____(Name in full)

as my proxy, to attend, speak and, if necessary, vote on my behalf at the AGM of AFSA to be held on 21 November 2024, and at any adjourned AGM thereof.

_____ Date_____2024

Signature of member appointing proxy

_____ Date_____2024

Signature of person accepting proxy

This form, duly completed and signed, should reach the offices of **AFSA by email to:**

sheilak@arthritis.org.za and/or info@arthritis.org.za

no later than 17:00 on 18th day of November 2024.

NOTE: *Unless otherwise instructed, the proxy will vote, if required, as he/she thinks fit.* ***ONE*** *member representative may hold a maximum of* ***TWO*** *proxies.*