All paid-up, eligible members of The Arthritis Foundation of South Africa have the right to vote at the

Annual General Meeting and any other meeting of members where a vote is held. If you are

eligible to vote but are unable to attend please complete the proxy form below to authorize

another eligible Member to vote on their behalf. If you attend the meeting, you may

continue to have your vote tallied as per the proxy form or you may withdraw your proxy

and vote in person. Once complete, return to [info@arthritis.org.za](mailto:info@arthritis.org.za)

APPOINTMENT OF PROXY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Insert MEMBER’S representative name) of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Insert MEMBER’S name) situate at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Insert MEMBER’S address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

being a member of the Arthritis Foundation of South Africa, appoint

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Insert PROXY’S organisation name) represented by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Insert PROXY’S name)

who also is a member of The Arthritis Foundation of South Africa, as my proxy.

I authorize him/her to vote on my behalf on any item or issue arising at the Annual General

Meeting of The Arthritis Foundation of South Africa being held 4 October 2019 specifically board

nominations and amendments to the Arthritis Foundation of South Africa . This proxy replaces any and all

proxy's I may have issued prior to the date this proxy was signed.