



Child Accident Prevention Foundation of Southern Africa
Woolworths ChildSafe Research & Educational Centre
Red Cross Children's Hospital, Klipfontein Road, Rondebosch
+27 21 685 5208 | info@childsafes.org.za

Proxy Form

I, _____ (Full name)
am a member of the Child Accident Prevention Foundation of Southern Africa.

I hereby appoint _____ (insert name of person)
to act as my proxy to attend, speak at, approve of, to vote or abstain from voting on my behalf
at the Annual General Meeting of the Foundation to be held on 15 August 2019 at 11:00 at the
Woolworths ChildSafe Research & Educational Centre.

Agenda item	Vote in favour	Vote against	Abstain
1. Registration			
2. Welcome and apologies 2.1. Membership 2.2. Quorum to constitute a meeting			
3. Proxies			
4. Minutes of the previous AGM			
5. Chairperson's report			
6. Executive Director's report			
7. Presentation by guest speaker on corporate governance			
8. Proposed changes to the Constitution			
9. Adoption of the Audited Financial Statements 2019			
10. Appointment of auditors			
11. Election of board members			
12. General/Questions and answers			

Note: The original signed proxy form must be delivered to the Foundation at the above address on or before the 15 August 2019 or brought to the Annual General Meeting and submitted upon registration of attendance at the meeting.

Signature

Date

Place