



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

Proxy Form

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

I hereby appoint _____ (Full name of nominee) 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 29 September 2022 at 12:15 at the ChildSafe Centre.

Agenda item	Vote in favour	Vote against	Abstain
1. Registration			
2. Welcome and Apologies a. Quorum and Proxies			
3. Minutes of the previous AGM			
4. Presentation of the Annual Report a. Chairperson’s Report & Overview of the Annual Report b. Financial Report			
5. Adoption of the Audited Financial Statements 2021_2022			
6. Appointment of the Auditors			
7. Presentation of Board Members			
8. Any other business with permission from the Chairperson			
9. Closure			

Note: The duly completed and signed Proxy Form is to be delivered to the Foundation at the above address at least 24 hours before the meeting to which it relates. The duly completed form may be emailed to info@childsafesouthafrica.org.za 24 hours before the meeting to which it relates but the original signed Proxy Forms must be brought to the Annual General Meeting and submitted upon registration of attendance at the meeting.

Signature

Date

Place