

## **NZ Suzuki Institute Annual General Meeting Proxy Form**

Date :		
Name:		<del></del>
Contact Number:		<del></del>
Branch:	Membership No.:	
Complete below a w	ritten and signed authority f	rom the proxy voter.
l,	(member's r	name),
grant	(the	presenter)
Membership Numbe	er:	
	Member of the NZSI, authorit on Sunday 14 September 202	ty to cast my vote on all matters at the NZSI AGM via 25, at 7:30pm.
Memher's Signature		Date

All forms must be submitted to the NZSI Administration Officer, Ahna Jensen, in writing by 6:00pm on Sunday 7th September 2025. (Please email the signed form to <a href="mailto:admin@suzuki.org.nz">admin@suzuki.org.nz</a>).