

## FORM C

### Notification, Appointment of Proxy and Acceptance of Mandate

*Note: In terms of section 6 (5) of the Sectional Titles Schemes Management Act 2011, a member must be represented in person or by proxy at meetings of body corporate and a person may not act as a proxy for more than two members of the body corporate.*

Completed forms must be emailed to [info@ihfm.co.za](mailto:info@ihfm.co.za)

|                                 |  |
|---------------------------------|--|
| <b>Scheme Details</b>           |  |
| <b>Name of Scheme:</b>          |  |
| <b>Sectional Scheme Number:</b> |  |

To: Body Corporate

I/We, the undersigned owner (s) and member(s), give notice to the body corporate of the above scheme that I/we appoint a proxy to speak and vote at the general meetings (including adjournments) and on the terms set out below.

|   |  |
|---|--|
| <b>Members name (s):</b>                  |  |
| <b>Unit numbers:</b>                      |  |
| <b>Proxy name</b> (insert one full name): |  |

This appointment applies to: (tick **one** of the following and complete as necessary)

|                          |   |   |   |   |   |   |   |   |   |
|--------------------------|---|---|---|---|---|---|---|---|---|
| <input type="checkbox"/> | The general meeting to be held on:  | D | D | M | M | Y | Y | Y | Y |
| <input type="checkbox"/> | All general meetings held before:   | D | D | M | M | Y | Y | Y | Y |
| <input type="checkbox"/> | All general meetings until and including the body corporate's annual general meeting: |   |   |   |   |   |   |   |   |

Form C

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Initial\_\_\_\_\_

**Property Management**

**Letting**

**Sales**

**Financial Services**

Special conditions or instructions to proxy: (if left blank, the appointment is unconditional)

|  |
|--|
|  |
|--|

Signature (s) of member(s) giving mandate:

|  |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|
|  |   |   |   |   |   |   |   |   |
|  | D | D | M | M | Y | Y | Y | Y |
|  |   |   |   |   |   |   |   |   |

Signature of person accepting mandate:

|  |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|
|  |   |   |   |   |   |   |   |   |
|  | D | D | M | M | Y | Y | Y | Y |
|  |   |   |   |   |   |   |   |   |