



# Proxy Voting Form

This form allows Employer Members to exercise their votes at the HITO SGM by appointing a Proxy to attend the meeting on their behalf. Only Employer Members may appoint a Proxy and only the following people may hold a Proxy:

- **An Employer Member** can hold up to four Proxies at a General Meeting. A separate proxy form must be completed for each Proxy.
- **A Delegate of an Employer Member** can hold up to four Proxies at a General Meeting. A separate proxy form must be completed for each Proxy.
- **A Representative of an Association Member** may hold unlimited Proxies for Employer Members that are current members of that Association Member.
- **The Chairperson of HITO** may hold unlimited Proxies for Employer Members that are current members of that Association Member.

For the Proxy to be valid, this proxy form must be completed and reach the Returning Officer (Nigel Barker from Telesmart (Wellington)) by email by 5pm Friday 19th February 2021 at the following email address: **katherine.hailstone@hito.org.nz**

I direct the Proxy to vote in the following manner (Please tick the appropriate box):

- As the Proxy sees fit for the remit
- Directed to vote as below for the remits

## Remit to Constitution

	Vote
<input type="text" value="Accept the Remit"/>	<input type="checkbox"/>
<input type="text" value="Do not accept the Remit"/>	<input type="checkbox"/>



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## Part A - Details

Name of Employer Member appointing a Proxy:

Type of Proxy:

  

Delegate of Employer Member

HITO Chairperson

Representative of Association Member

Name of the Proxy/Delegate:

Name of Association Proxy is a Representative

## Part B1 - Employer member confirmation (completed by the Employer Member)

I confirm that the Employer Member is a current member of HITO and appoint

(name of Proxy)

to attend the HITO Special General Meeting on

(insert date)

to exercise its vote(s).

Signature of Employer Member

Date

Contact Email Address:

Contact Telephone Number:

## Part B2 - Proxy Confirmation (to be completed by the Proxy)

I confirm that I am eligible to be appointed as a Proxy and that I will vote in accordance with the direction of the Employer Member as outlined above.

Signature of Proxy

Date

Contact Email Address:

Contact Telephone Number: