



PROXY FORM

Please send your proxy form to secretariat@silasg.org.sg by **Monday, 3rd March 2025**.

Sal : Prof Dr Mr Mrs Miss

Name : _____

Membership No : _____

Mobile No : _____

Email : _____

Type of Membership : Fellow Full Graduate

Instruction

(1) Please cross as appropriate

(2) The person appointed proxy must be a current member of Fellow / Full / Graduate Member of SILA

(3) If you **do not wish** to appoint the Chair of the meeting as an alternative proxy, please put a cross in the box "or failing him/her the Chair of the meeting". If you **only wish** to appoint the Chair, please delete the words "or failing him/her"

I will not be able to attend the Annual General Meeting, I hereby appoint:

or failing him/her the Chair of the meeting as my proxy to vote in my name and on my behalf at the Annual General Meeting and at any adjournment thereof.

As my proxy, to attend and vote for on my behalf at the Annual General Meeting of SILA. I understand that I do not give any instructions the proxy will vote as he/she thinks fit.

Name of Appointed Proxy : _____

Mobile of Appointed Proxy : _____

Email of Appointed Proxy : _____

Date

Signature

Please return to:

By Email secretariat@silasg.org.sg