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PROXY FORM

To be completed by an **Ordinary Member** or an **Associate Member**
(other than an Associate Member in his/her personal capacity only)

TO: The Secretary
ASFONZ
PO Box 19-194
Wellington 6149

OR Fax to: (04) 381 3392

We wish to be represented at the Association's Special General Meeting on
Wednesday, 21 October 2009, by:

(Print name of attendee)

who is hereby authorised to speak and vote on our behalf.

NAME OF MEMBER _____

ADDRESS _____

AUTHORISED BY _____

(Print name)

(Signature)

WHO IS _____

(Office held in Fund or Organisation, e.g. Chairman, Fund
Secretary, Principal, Chief Executive etc.)

NOTE Constitution Rules 5.5 and 5.6 govern proxies