

## 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 [sectionaltitles@csos.org.za](mailto:sectionaltitles@csos.org.za)**

<b>Scheme Details:</b>	
Name of Scheme:	
Sectional Scheme Number / year:	/ (first number, if more than one)

To: The 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.

Member name(s):	
Unit numbers:	
Proxy name (insert one full name):	

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

The general meeting to be held on:	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D D / M M / Y Y Y Y
All general meetings held before:	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D D / M M / Y Y Y Y



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Fraud Hotline 0800 701 701

	All general meetings until and including the body corporate's next annual general meeting
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Special conditions or instructions to proxy: (if left blank, the appointment is unconditional)

Signature(s) of members giving mandate:

	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y
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Signature of person accepting mandate:

	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D / M M / Y Y Y Y
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