



ES Bergen Parents` Association

Annual General Meeting

PROXY VOTE FORM

This form of proxy must be completed and deposited in the blue Parents` Association post-boxes located in the entrance halls of the primary and secondary schools at the ES Bergen at least 24 hours prior to the AGM.

I, the undersigned, _____ (name)

of _____ (address)

being a Member of the European School of Bergen (NH) Parents` Association entitled to vote at General Meetings of foresaid Parents` Association ,

hereby appoint _____ (name of appointed person)

of _____ (address)

as my proxy to vote on my behalf at the meeting of the Association to be held on Wednesday 28th June 2017 at 19:00 and at any adjournment of that meeting.

My proxy may vote as he or she thinks.

signed _____ (signature) / / 2017 (dated)

Membership number: