



# IMMACULATE CONCEPTION HIGH SCHOOL ALUMNAE ASSOCIATION LIMITED

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## ANNUAL GENERAL MEETING

### FORM OF PROXY

I ..... of .....  
(NAME) (ADDRESS)

being a member of ICHS Alumnae Association hereby appoint

..... of .....  
(NAME) (ADDRESS)

or failing her ..... of .....  
(NAME) (ADDRESS)

as my proxy to vote on my behalf at the Annual General Meeting of the ICHS Alumnae Association to be held on **Saturday, September 7<sup>th</sup> 2024 at 10:00am** and at any adjournment thereof. The Proxy will vote on all matters put to the meeting.

As witness my hand this day..... (date).

Signature .....

Print Name .....

#### PLEASE NOTE:

1. A proxy needs to be a paid member of the ICHS Alumnae Association.
2. To be valid this form must be received at least 48 hours before the time appointed for the meeting or adjourned meeting. PROXY DEADLINE: Friday, September 6<sup>th</sup> by 4:00pm
3. Alumnae with outstanding dues are not eligible to vote