



Proxy Vote Form 2022 Annual General Meeting

If you cannot attend the AGM, and you would like your vote registered, please complete this form.

You can nominate the Chair of the Board to vote on your behalf. You can either instruct the Chair how to vote on your behalf, or leave this to his/her discretion.

I (*your name*):

of (*your address*):

being a paid up member of CMTUK, hereby appoint the Chair of the Board of CMT United Kingdom to vote on my behalf at the Annual General Meeting of CMTUK to be held on Friday 06 May 2022 and at any adjournment thereof.

Please tick one only:

- My vote to be cast as directed.
- My vote to be cast at the Chair's discretion

Signed:

Date:

See attached Voting Instruction Sheet

Supporting people living with Charcot-Marie-Tooth Disease

Registered Charity Number: 1112370

Company Number: 05574584

Founder member of the European CMT Federation



Charcot-Marie-Tooth UK

3 Groveley Road

Christchurch BH23 3HB

Office: 01202 474203

Helpline: 0300 3236316

Email: enquiries@cmt.org.uk

Web: cmt.org.uk



Voting Instruction Form

This form should be sent to CMTUK, 3 Groveley Road, Christchurch BH23 3HB or emailed to: enquiries@cmt.org.uk

To the Chair of the Board of Trustees

Please vote on my behalf as follows

For	Against	Abstain	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept the Annual Report for 2020-2021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept the Treasurer's Report for 2020-2021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accept the Annual Accounts for 2020-2021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subscriptions: Proposal – no increase
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give authority to the Board to appoint the Auditors at his/her discretion

Confirmation of Re-Election of Trustees

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thomas Henderson
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roo Slater
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alan Macdonald

Signed:

Date:

Printed Name:

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