STM | STRATA TITLE MANAGEMENT
your strata care company

PROXY APPOINTMENT FORM | STRATA SCHEMES MANAGMENT ACT 1996

Date……..…… I/We……..……

the Owners of Lot …… in Strata Plan No. **50785**

appoint ……..of……

(or the Chairman, as my/our proxy for the purposes of meetings of the owners corporation (including adjourned meetings)

Period or number of meetings for which the appointment of proxy has effect:

* No. of Meetings [ ]/* Period……. [Months]/ * 12 Months or 2 consecutive General Meetings
***Tick and complete which one applies**

(Note: The appointment cannot have effect for more than 12 months or 2 consecutive Annual General Meetings, whichever is greater. If no section is made by the person giving the proxy, the proxy is effective only for one meeting.)

*1. This form authorises the proxy to vote on my/our behalf on all matters

OR

*2. This form authorises the proxy to vote on my/our behalf on the following matters only
*Delete paragraph 1 or 2, whichever does not apply

(PLEASE CIRCLE AS AN INDICATION OF HOW YOU WANT TO VOTE ON THE MOTIONS)

MOTION 1	Minutes of last general Meeting	FOR/AGAINST (Please circle)
MOTION 2	Financial Statements	FOR/AGAINST (Please circle)
MOTION 3	Auditor	FOR/AGAINST (Please circle)
MOTION 4 (a)	Adopt Sinking Fund Forecast	FOR/AGAINST (Please circle)
MOTION 4 (b)	Administration Fund Budget & Levies	FOR/AGAINST (Please circle)
MOTION 4 (c)	Sinking Fund Budget and Levies	FOR/AGAINST (Please circle)
MOTION 5	Obtain Updated Sinking Fund Forecast	FOR/AGAINST (Please circle)
MOTION 6	Levy Discount	FOR/AGAINST (Please circle)
MOTION 7	Removing Limitation	FOR/AGAINST (Please circle)
MOTION 8	Election of Executive Committee	FOR/AGAINST (Please circle)
MOTION 9	Not to place further Restrictions on Exec Committee	FOR/AGAINST (Please circle)
MOTION 10 (a)	Confirm Insurances	FOR/AGAINST (Please circle)
MOTION 10 (b)	Engage Insurance Broker	FOR/AGAINST (Please circle)
MOTION 10 (c)	Insurance Valuation	FOR/AGAINST (Please circle)
MOTION 10 (d)	Additional Insurances	FOR/AGAINST (Please circle)
MOTION 11	Work, Health & Safety Report	FOR/AGAINST (Please circle)
MOTION 12	Child Safety Window Restrictive Devices	FOR/AGAINST (Please circle)
MOTION 13	Debt Collection	FOR/AGAINST (Please circle)
MOTION 14	Special By-law 46 for Installation of External Awnings	FOR/AGAINST (Please circle)
MOTION 15	Offer by Opah to Use Common Area Adjacent to Lot 21	FOR/AGAINST (Please circle)
MOTION 16	Adopt & implement *"Renovation Application and Guidelines"*	FOR/AGAINST (Please circle)

*3.If a vote is taken on whether ……(the Strata Managing Agent) should be appointed or remain in office or whether another managing agent is to be appointed, I/We want the proxy to vote as follows:- _____
*Delete paragraph 3 if proxy is not authorised to vote on this matter. For examples, read note 1 below.

Signature of Owner/s ……, ……..……

(Signatures of all owners recorded on the Strata Roll required to be validated)

Note:

1 A proxy is not authorised to vote on a matter:
(a) if the person who appointed the proxy is present at the relevant meeting and personally votes on the matter, or
(b) so as to confer a pecuniary or other material benefit on the proxy, if the proxy is a strata managing agent, caretaker or on-site residential property manager.

2 This form is ineffective unless it contains the date on which it was made and it is given to the secretary of the owners corporation at least 24 hours before the first meeting in relation to which it is to operate (in the case of a large strata scheme) or at or before the first meeting in relation to which it is to operate (in any other case).

3 This form will be revoked by a later proxy appointment form delivered to the secretary of the owners corporation in the manner described in the preceding paragraph.