VWDL Proxy Form

*to be given to Secretary at the beginning of the meeting.

Full Name of Person granting the Proxy:

_____
_____

Full Name of the Proxy Holder:

_____
_____

Meeting details for the Proxy:
Date: _____ Time:
_____

Location:

_____
___

Voting instructions:
Outline the specific matters to be voted on, or specific instructions on how to vote on particular issues or General Instructions ie: allow the proxy holder to vote at their discretion

_____
_____
_____
_____
_____
_____
_____
_____
_____

Expiration date of Proxy: _____

Signature and Date of person granting Proxy
or can be submitted by email from the Person granting the Proxy.

05July2026

VWDL Proxy Form

Date: _____ Signature: _____

05July2026