**Chilterns Neuro Centre Limited Proxy Form**

**Proxy forms must be received by 4pm on Tuesday 14 May 2024 either to communications@chilternsneurocentre.org or at the Chilterns Neuro Centre by post, or at reception.**

I………………………………………………………………………. (voting member name)

………………………………………………………………………………………………….

……………………………………………………………………………………...…(address)

a Member of Chilterns Neuro Centre Ltd, hereby appoint\* the Chair of the Meeting, or

.……………………………………………………………………..……(name of proxy voter)

…………………………………………………………………………………………………..

………………………………………………………………………………………...(address)

………………………………………………………………………………….(email address)

To vote for me and on my behalf at the Annual General Meeting of the Company to be held on the 19th May 2024 and at every adjournment thereof. I wish them to vote at their discretion.

As witness my hand this ………… day of ……….2024

………………………………………(signature)

\*Please delete ‘the Chair of the Meeting, or’ and insert another person’s name if you wish. Please note, any proxy you nominate must be in attendance at the meeting. There will always be a Chair in attendance, regardless of who that person is.