**THE NEW ZEALAND ASSOCIATION OF REGISTERED BEAUTY PROFESSIONALS INC**

AGM 2025 PROXY FORM

**To be returned by Sunday 08 September 2025**

**………………………………………………………………………………………………………………**

**PROXY FORM (for use if you are unable to attend the meeting)**

I, ……………………………………………………………… (full name), membership # ............... being a Full, Affiliate, Clinic Staff, Distributor or Training Establishment Member of the New Zealand Association of Registered Beauty Professionals Inc. hereby appoint:

(Name of Proxy) of (place)

Or failing her/him of (place)

as my proxy to vote on my behalf at the Annual General Meeting of the New Zealand Association of Registered Beauty Professionals Inc to be held by video conferencing on 15 September 2025 and at any adjournment thereof. I direct my proxy to vote as above or as I have directed personally.

Signed Date …... / …… / 2025

(Minutes for the AGM held on 15 September 2024 can be downloaded from our website: [www.beautynz.org.nz](http://www.beautynz.org.nz) )

***NB: A proxy must be a voting current member of the Association***

Complete and email to info@beautynz.org.nz

Or post to: The NZ Association of Registered Beauty Professionals Inc., PO Box 62528, Greenlane, Auckland 1546