

Proxy Form for 2024 AGM

EMANUEL SYNAGOGUE

ACN 00 049 329

Registered Office: 7 Ocean Street, Woollahra, New South Wales 2025

I, (full name in block letters)

of (address)

being a member of Emanuel Synagogue with full voting rights, hereby appoint

(full name in block letters)

of (address)

or failing him/her (full name in block letters)

of (address)

(each of whom is also a member in good standing of Emanuel Synagogue with full voting rights) or failing him or her, the Chairperson of the Meeting, as my proxy to attend and vote for me on my behalf at the Annual General Meeting of Emanuel Synagogue to be held on Tuesday 21 May 2024 at 6:30pm, and at any adjournment thereof.

Dated this day of , 2024.

Signature of member _____

Witnessed by (Name)

Signature of witness _____

Please complete and return to Emanuel Synagogue, 7 Ocean Street, Woollahra NSW 2025 or email completed form to sarah@emanuel.org.au, no less than 48 hours prior to the commencement of the Meeting.