IHSGB Limited, Registered Charity Numbers: 1101183 (England & Wales), SC039030 (Scotland), Company Registration No. 3974594. Registered Office: Midfield Farm, Gaisgill, Cumbria CA10 3UH

THE ICELANDIC HORSE SOCIETY OF GREAT BRITAIN Ltd	
AGM ATTENDANCE SLIP AND RIGHT OF PROXY: Please complete and return this form to the Secretary by 2 nd November 2018	PLEASE INDICATE * * I / We* intend to be present at the Ad
Name(s):	November 2018
Address:	* I / We* would like to join the tour of
Phone Number:	(estimated start – meet at 11.00 hrs. Deta nearer the time)
Email:	
Number of People Attending:	I / We* would like lunch at subsidised £5/he cost £10 for non-members, payable on the day Please note: we need a minimum lunch for this option – for the cat
I, being a member of the above company, hereby appoint	the Veterinary School. Early inc should meet this target! If not again
or failing him / her The Chairman	* I / We* would like to meet at The Steadir
as my PROXY, to vote in my name and on my behalf at the annual	meal. (Set menu will be sent by email so ordered in advance to help pub catering team)
general meeting of the company, to be held on 17 th November 2018, and at any adjournment thereof.	 I / We* do not intend to be present at t 17th November 2018. Please record our apolog
Dated:	
(for 2 or more members appointing a proxy we need a signed declaration from each of you please)	



GM on Saturday 17th

the Equine Hospital ails will be confirmed

ead for members, full

of 30 people requiring tering to be viable for dications are that we t, we'll have to think

ng Pub for an evening meal choice can be

the AGM on Saturday gies for the meeting

IHSGB AGM Notices issued October 2018 Please return to Debbie Ede, 1, Coastguard Cottages, SOAR, Malborough, Nr. Kingsbridge, Devon, TQ7 3DS mailto:office@ihsqb.co.uk

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NOMINATIONS

Please complete and return this form to The Secretary no later than 2nd November 2018

Person proposing please complete this section

Trustee Post:		
I wish to Nominate:	for the above post	
Signed & Dated:		
	Person seconding please complete this section	
I Second the Nomination of:		
Signed & Dated:		
Nominee please complete this section		
I am willing to accept the above Nomination:		
Signature of Nominee:		
Full Name & Address of Nominee:		
Date:		

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