PROXY FORM

I,

(FULL NAME IN UPPER CASE)		(LAST 4 ALPHANUMERIC CHARACTERS OF NRIC/ PASSPORT NUMBER INCLUDING ALPHABET)
of	ADDRESC	(CONTACT NUMBER)
(ADDRESS)		(CONTACT NUMBER)
	45 th Annual General Me	int the following Ordinary/Life member as eting of MCAS to be held on Saturday, 15
NAME		
ADDRESS		
LAST 4 CHARACTERS OF NRIC/PASSPORT NUMBER INCLUDING ALPHABET (Eg. NRIC No. S****123F)		
CONTACT NO.		
Signature of member:		SIGN HERE
Dated this	day of	2025

NOTES:

- 1) The proxy shall not be entitled to vote at a meeting unless the instrument of proxy has been deposited with the MCAS Corporate Affairs Division by 5.00 pm on Tuesday, 11 March 2025.
- 2) Incomplete Proxy Form shall be rejected.
- 3) Member and proxy must hold valid membership.
- 4) No member shall hold more than one proxy at the AGM.