



Form of Proxy

I (Name of Member) _____ Registration
Number _____

being a member in good standing of the Institute of Certified Public Accountants of Kenya
hereby appoint:

Name of Proxy _____ ID/Passport Number _____

Address _____

Or failing him/her the Chairman of the meeting to be my proxy, to vote for me/on my behalf
at the Annual General Meeting of the Institute to be held on Friday, 9th June, 2017 at the
Safari Park Hotel, Nairobi from 10.30 a.m. or any adjournment thereof.

As witnessed by my hand this day _____ of _____ 2017

Name: _____

Signature: _____

**Note: To be valid, the completed Form of Proxy must be deposited with the Secretary so
as to be received not later than 10.30am on Wednesday 7th June, 2017.**