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Level 16, 1605 Sule Square 221 Sule Pagoda Road, Kyauktada township, Yangon

Kyauktada Township, Yangon, Myanmar

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| Proxy Form | | |  | | | | | | | |
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| Full name of member | | |  | | | | | | | |
| Address of member | | |  | | | | | | | |
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| **Appointment of Proxy** | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being a member of **Myanmar Private Equity Venture Capital Association Incorporated** and entitled to attend and vote hereby appoint: | | | | | | | | | | |
| the Chair of the meeting | | |  | OR (write the full name of the person or corporation) | | |  | | | |
| Or failing the person named, or if no person is named, the Chair of the Meeting, as Proxy to act generally at the Meeting on my / our behalf and to vote in accordance with the following directions (or if no directions have been given, as my / our Proxy sees fit) at the Annual General Meeting of the Company to be at 221 Sule Pagoda Road, Level 16, 1605 Sule Square, Kyauktada Township, Yangon ,The Republic of the Union of Myanmar held on 5th December 2024 at 3:30 PM MMT (GMT + 6:30) and at any adjournment of that Meeting. | | | | | | | | | | |
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| **Voting Directions** | | | | | | | | | | |
| Voting directions to your Proxy – please mark  to indicate your directions (if you do not make an indication the proxy will be free to exercise your vote in their discretion) | | | | | | | | | | |
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|  | Approval of the annual financial report, directors’ report and draft auditors report for the year ended 31 March 2024 | | | | | Yes  | | | No  | Abstain  |
|  | Appoint U Than Tint, Certified Public Accountant as the auditor of the Association | | | | | Yes  | | | No  | Abstain  |
|  | Appointment of new Directors to the Board of directors of MPE&VCA for 2024 – 2025\* | | | | | \**An election will be held for individual director positions if more than four nominations are received. Nominees will be announced prior to the AGM and you may advise your proxy directly how you wish them to vote. If no instructions are given the proxy may vote in their discretion.* | | | | |
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| **To sign** | | | | | | | | | | |
| Name of member | |  | | |  | | |  | | |
| Name | |  | | | Name | | |  | | |
| Title | | Representative | | | Title | | |  | | |
| Date: | |  | | | Date: | | |  | | |

\*This proxy form (and any power of attorney or other authority) must be delivered to the Company 48 hours prior to the meeting. The Proxy need not be a member of the Company.

Please contact MPE&VCA office should you be unsure of your membership status or eligibility to vote. Please return the completed proxy form to the Secretariat by 3:30 PM MMT on 3rd December 2024 Email: [info@mpevca.org](mailto:info@mpevca.org) and CC: juliet@mpevca.org.