

PROXY FORM

NATURAL HEALTH PRODUCTS NEW ZEALAND INCORPORATED

Annual General Meeting 2020

This form provides for proxy to vote at the
Annual General Meeting of
Natural Health Products New Zealand Incorporated

Registered Company Member:

Name: _____

Mailing Address: _____

Company _____

Tel _____ Work _____

Email _____

Proxy: Name: _____

Position in the Company: _____

I hereby appoint the abovenamed company representative as my proxy for the company _____ for voting at the Annual General meeting of Natural Health Products New Zealand Incorporated on Tuesday 12 May 2020.

Signature: _____

Name: _____

Date: _____

- * The signatory on this proxy form must be a current full financial member of Natural Health Products New Zealand Incorporated
- * Only one person from each full member company may vote at the AGM

Completed Proxy Forms must be received by Natural Health Products NZ via scanned email to kerry@naturalhealthproducts.nz by 12pm midday, Friday 8 May 2020.

Proxies received after this time and date will be deemed invalid.