**SAMRA AGM RSVP Form**

Title:

Name:

Surname:

Employer Organisation:

Email:

Work Telephone Number:

Mobile Number:

Please indicate whether you will be attending the AGM:

Please indicate whether you will be appointing a proxy to vote on your behalf:

Date:

**Please confirm attendance no later than 20 August 2021 via email to** [**info@samra.co.za**](mailto:info@samra.co.za) **or by clicking the link to RSVP:** <https://forms.gle/MPkenFQWp61pNPHVA>