

FORM OF APPOINTMENT OF PROXY FOR THE 2025 ANNUAL GENERAL MEETING

I,

(Name)

of (Address)

Being of member of: Dementia Alliance International (Name of Incorporated Association)

Appoint

(Name of proxy holder)

of

(Address or proxy holder)

Being a member of the Incorporated Association, as my proxy to vote for me on my behalf at the appeal to the general meeting of the Association to be held on

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

(Date of meeting)

And at any adjournment of that meeting.

I authorize my proxy to vote on my behalf at their discretion in respect of any resolution.

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Signed

