

VOTING AUTHORIZATION FORM

Personal information

Voter (person who cannot attend the GA)

Name:.....
Student number:.....

Representative

Name:.....
Student number:.....

I hereby empower the before mentioned representative to vote in my name at the EUCSA General Assembly on:

Signature voter:

I hereby confirm to meet the conditions for voting authorization as clarified in the EUCSA statutes (i.e. article 20). Each EUCSA member is only allowed to authorize one other EUCSA member.

Signature representative: