**To:**
Cytonn Asset Managers Limited
The Fund Manager
Cytonn Income Drawdown Fund
CySuites WorkSpaces
Off Church Road
P.O. Box 20695-00200
Nairobi, Kenya
Email: clientservices@cytonn.com

## Special GM MEMBERS NOMINEE REGISTRATION FORM

**I/We: _____**

**A/C no**. **_____**

of [address] P.O. Box _____

**Being a unit holder of (Name of Fund) _____**hereby and after having obtained my proxy's consent, appoint _____(Full name) of mobile telephone number _____and ID no _____or failing him/her the duly appointed authorized representative of the meeting to be my/our proxy, to vote for me/us and on my/our behalf at the Special General Meeting of the aforementioned _____, to be held on Monday 15th September 2025 and at any adjournment thereof.

As witness I/We lay my/our hands this **_____day of _____2025**

Signature (s): _____

**NOTES:**

1. This proxy form is to be delivered to the Fund Manager's office or delivered via email on clientservices@cytonn.com not later two (2) business days before the date of the Special General Meeting i. e, not later than 10th September 2025.
2. In the case of a corporation, the proxy must be signed under the hand of an authorized officer prior notified to the Fund Manager or Attorney duly authorized.