

# Form of Appointment of Proxy

PO Box 520 St Leonards NSW 1590  
14-16 Chandos Street St Leonards NSW 2065 Australia  
Tel 02 8815 3333 ABN: 95 174 118 424

## Notes

1. A proxy vote may not be given to a person who is not a member of the Association.
2. Appointment of a proxy must be by notice received by the Chief Executive Officer no later than 48 hours before the time of the meeting.
3. There is no limit to the number of proxies that may be placed in the hands of the Chairman of the Meeting, but any member giving a proxy to the Chairman must specify his/her vote, whether for or against, for each matter listed on the Notice of Meeting.
4. No member, other than the Chairman of the Meeting, shall hold more than five proxies.
5. When a proxy is given to a member of the Association other than the Chairman of the Meeting, it is permissible, although not compulsory, to specify a vote.

## Return Vote

Please fill out the following form and return to:

Email: [ceo@ada.org.au](mailto:ceo@ada.org.au)



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I, \_\_\_\_\_ of  
*Full name*

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

being a member of the Australian Dental Association hereby appoint

"the Chairman"

of

*Name of proxy, or else specify "the Chairman"*

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

*Address may remain blank if "the Chairman" is nominated as proxy*

being a member of that incorporated Association, as my proxy to vote for me on my behalf at the Special General meeting of the Association to be held on Friday, August 24, 2018 commencing at 9.00am and at any adjournment of that Meeting.

My proxy is authorised to vote as follows:

	<b>For</b>	<b>Against</b>
Motion 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motion 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motion 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motion 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motion 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motion 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motion 7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motion 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
*Signature of member appointing proxy*

\_\_\_\_\_  
*Date*