FORM
APPOINTMENT OF PROXY - BOARD OF DIRECTORS

23 Glady Street Innisfail Qld 4860 ◆ (07) 4061 9988 ◆ enquiries@mamuhsl.org.au ◆ ABN 011 074 347

If you cannot attend the forthcoming Annual General Meeting of Mamu Health Service Ltd, you may appoint another person to vote on your behalf as your proxy.

I, _____ of _____
(name of member) *(address of member)*

as a member of Mamu Health Service Limited,
hereby appoint one of the following to act on my belhalf in my absence *(please tick):*

☐ The Chairperson, or

☐ _____
(Name of Proxy)

As my proxy to vote at the Annual General Meeting to be held on

_____
(date of meeting)

or at any adjournment of that meeting.

Dated this:_____ day of _____ 20 _____
(day) *(month)* *(year)*

Member Signature: _____

**Clause 25.2 of MHSL Constitution: A person, other than the chairperson, may hold a maximum of three proxy votes only for any meeting.*

Your completed Proxy Form must be received no later than 48 hours before the Annual General Meeting via the methods below.

Post	**In Person**	**Email**	**Fax**
PO Box 1537 Innisfail Qld 4860	23 Glady Street Innisfail Qld 4860	chairperson@mamuhsl.org.au	0740 615 188

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