



FORM OF APPOINTMENT OF PROXY

NOTE: A proxy vote may not be given to a person who is not a member of the association.

I, _____
(full name)

of _____
(address)

being a member of Palliative Care New South Wales

hereby appoint:

(full name of proxy)

of _____
(address)

being a member of Palliative Care NSW, as my proxy to vote for me on my behalf at the annual general meeting of the association to be held on the

13rd day of October 2016

and at any adjournment of that meeting.

* My proxy is authorised to vote in favour of/against

Signature of member appointing proxy

Date ____ / ____ / ____