

T 1300 730 450 E info@paramedics.org Level 3, 478 George Street, Sydney NSW 2000 Australia ABN 39 636 832 061 | ACN 636 832 061

Form of Appointment of Proxy

Australasian College of Paramedicine Limited (incorporated under the *Corporations Act 2001*)

PROXY FORM

Email:			
Address:			
City:	State:	Postcod	le:
Telephone:			
Appoints			
Name:			
(Please print name o	of proxy)		
vote in accordance v proxy or the Chairpe	vith the following direction rson sees fit at the Annua d to be held on Monday 3	ns or, if no direction I General Meeting	nairperson of the Meeting to ons have been given, as the g of Australasian College of 5 commencing at 1:00pm AED
Directions			
Item 5 on the Agend	la: Confirmation of Appoi	nted Directors	
To consider, and if th	nought fit, pass the follow	ing resolution:	
Resolution 1: Confirr term.	n the appointment of Ang	us Armour as an A	Appointed Director for a 3-yea
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Item 6 on the Agenda: Election of Member Directors

	the boxes	f 2 Member Directors: P below – mark only 2 bo more than 2 boxes, you	xes. You	ı can ma	rk less than	2 box						
		Kathryn Eastwood										
		Simone Haigh										
		Marty Nichols										
		Louise Reynolds										
	Upon completion of the member Director vote, I direct my proxy to pass all motions necessary to elect the candidate with the most votes. Resolution 2: Elect [name of first placed candidate] as an elected Director for a 3-year term											
		Yes		No]	Abstain					
	Resolution 3: Elect [name of second placed candidate] as an elected Director for a 3-year term											
4.	Signature											
5.	Date											
you	post the fo	nust be returned by 1pm orm in, please advise th receive your proxy.			-							
Email: proxy@paramedics.org			Post:	Australasian College of Paramedicine Level 3, 478 George Street Sydney NSW 2000								