



## Appointment of Proxy Form

I, \_\_\_\_\_  
(full name)

of \_\_\_\_\_  
(address)

being a member of Palliative Care NSW Incorporated hereby appoint:

\_\_\_\_\_  
(full name of proxy)

of \_\_\_\_\_  
(address)

being a member of that incorporated association, as my proxy to vote for me on my behalf at the AGM of the Association to be held on Thursday 5<sup>th</sup> December 2024 and at any adjournment of that meeting.

My proxy is authorised to vote as follows (please tick):

- At their discretion in respect of any resolution
- As per the following directions (complete the next section)

Resolution	Tick Selection		
	For	Against	Abstain
That the Minutes of 2023 AGM held on 2 November 2023 be accepted.			
That the audited financial report for the 2024 financial year be accepted.			
That Robertson & Greenwood be appointed as the Auditor for 2024/25			

\_\_\_\_\_  
Signature of member appointing Proxy

\_\_\_\_\_  
Date

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

Proxies must be received by the Secretary of Palliative Care NSW by 5.00pm, Wednesday 4<sup>th</sup> December 2024. Proxies can be mailed (address below) or emailed ([info@palliativecarensw.org.au](mailto:info@palliativecarensw.org.au))