



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

I, _____ of
Full name

Address Line 1: _____

Address Line 2: _____

Suburb: _____

State: _____ Postcode: _____ Country: _____

being a member of the Australian Dental Association hereby appoint

_____ 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:

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

Signature of member appointing proxy

Date