* 

ICN 7355

**Appointment of Proxy**

**(Schedule 2) Rule 4.12**

|  |  |  |
| --- | --- | --- |
| I, |  | *(full name of member)* |
| of |  | *(address of member)* |
| am a member of | Pika Wiya Health Service Aboriginal Corporation | *(name of Corporation)* |
| I appoint |  | *(full name of proxy)* |
| of |  | *(address of proxy)* |
| who is also a member of Pika Wiya Health Service Aboriginal Corporation, as my proxy to vote for me on my behalf at the Special General Meeting of the Corporation to be held on Friday 16 October 2020, and at any adjournment of that meeting. |
| Signature of member |  |
| Date |  |

Note: notification of a proxy must be received at PWHS administration office, 40 Dartmouth Street, Port Augusta **by 11am on Wednesday 14 October (ie no later than 48 hours before the meeting to be held 11 am on Friday 16 October).**

**Office use only:**

|  |  |
| --- | --- |
| Received on (date) |  |
| Eligibility verified by (name of PWHS employee) |  |