



**PIKA WIYA**  
HEALTH SERVICE

ICN 7355 All mail to: PO Box 2012 Port Augusta SA 5700

**PROXY APPOINTMENT FORM**

**(Annexure E)**

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 a member of Pika Wiya Health Service Aboriginal Corporation, as my proxy to vote for me on my behalf at the Annual General Meeting to be held on Thursday 28 October, and at any adjournment of that meeting.		
Signature of Member		
Date		

Note: notification of a proxy must be received by the PWHS administration office, 40 Dartmouth Street, Port Augusta by 5.00 pm on Tuesday 26 October, 2021.

**Office Use Only:**

<b>Received on (date)</b>	
<b>Eligibility verified by (name of PWHS employee)</b>	