

**FORM FOR APPOINTMENT OF PROXY
(Clause 6.13.4)**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

APPOINTMENT OF PROXY

EXTRAORDINARY GENERAL MEETING 2024

The Company Secretary
National Aboriginal Community Controlled Health Organisation
Level 5 East, 2 Constitution Avenue
Canberra City ACT 2601

GPO Box 299
Canberra ACT 2601

Email: company.secretary@naccho.org.au
Fax: 02 6248 0744

(Name of the member organisation appointing the proxy)

.....

of

(Address of the member organisation appointing the proxy)

.....

appoints

(Name and address of the member organisation being appointed as proxy)

.....

.....

a member organisation of NACCHO,

as our proxy in place of our delegate

(Name of the appointed delegate being replaced)

.....

to vote for our member organisation at the Extraordinary General Meeting of the National Aboriginal Community Controlled Health Organisation to be held at:

National Convention Centre Canberra, 31 Constitution Ave, Canberra ACT on 3 December 2024 at 2:00pm AEDT

and at any adjournment of that meeting on all or any matters as if the person were the delegate of our organisation subject to the following voting directions (if any):

BUSINESS ITEMS

Item No.	Business Item Description	For	Against	Abstain
1	Special resolution <i>“Resolved by special resolution that the Constitution circulated with this Notice of Extraordinary General Meeting and marked ‘A’ (‘New Constitution’) be adopted as the Constitution of NACCHO in place of its current Constitution, effective from the conclusion of this Extraordinary General Meeting.”</i>			

Consistent with provisions of the *Corporations Act (2001)* where directions to vote are indicated on this instrument the appointed proxy is duty bound to vote accordingly (Clause 6.13.3).

Signing instructions

The form of proxy must be signed by two authorised members of the member organisation appointing the proxy (being two Directors of your member organisation or your member organisation’s authorised attorney) and must be received by the National Aboriginal Community Controlled Health Organisation at least 48 hours prior to the date of the meeting mentioned in this instrument.

Name of authorised member of the organisation appointing
the proxy: _____

Signature:

Name of authorised member of the organisation appointing
The proxy: _____

Signature

Date signed: