

SPECIAL GENERAL MEETING 2018

APPOINTMENT OF PROXY if unable to attend meeting.

I, _____(full name)

Of _____(address)

Being a financial Member of the Ileostomy Association(VIC) Inc appoint as my Proxy: (tick One Box)

The Chairperson of the meeting

or

Name of proxy (must be a financial member of the Association)

Signed: _____ Date: _____

Please return to the Ileostomy Association(VIC) Inc. to reach the rooms by no later than end of business 20/03/2018.

By fax to (03) 9650 1723

By Mail to PO Box 32 Flinders Lane Melbourne Vic 8009

By Email to ileovic@onestream.com.au

By hand to Suite 322, 3rd Floor Block Arcade 98 Elizabeth St Melbourne Vic 3000.