



Appointment of Proxy Form 2024

Complete this form here or at <https://forms.office.com/r/K8U9nicbdN> if you are a Primary Member who is unable to attend the AGM and would like another Primary Member to vote on your behalf in the AGM and Board elections.

I.....
(your full name)

of.....
(address)

being a primary member of the ACT Mental Health Consumer Network Inc.

hereby appoint.....
(full name)

of.....
(address)

being a primary member of the Network, as my proxy to vote on my behalf at the Annual General Meeting of the ACT Mental Health Consumer Network Inc. to be held on Tuesday 19 November 2024 and at any adjournment of that meeting.

.....
(signature of member appointing proxy - if sent via email, your email will be considered your electronic signature)

...../...../..... (date)

Note:

- A proxy vote may only be given to a person who is a primary member of the Network
- No member may hold more than two (2) proxies for a meeting
- If completed, this form must be presented to the Chief Executive Officer **before the time of the AGM** in accordance with the Constitution.