

## Australasian College for Infection Prevention and Control Limited ACN 154 341 036

## FORM OF APPOINTMENT OF PROXY

l,	
(full name of member)	
of	
(address)	
being a financial member of the Australian College for Infection Prev	vention and Control Ltd
hereby appoint	
(full name of proxy)	
of	
(Insert address)	
as proxy of the appointing member	
at the Annual General Meeting of the Australasian College for Infecti held on the day of/ 20 that meeting.	
My proxy is authorized to vote (please tick selected option):	
in favour of	
against	
abstain	
as they see fit	
for the following resolutions [insert]	
Signature authorised signatory of member appointing proxy	Date

NOTES: In accordance with clause 10.8(c) of the Constitution this proxy must be provided to the Company no later than by 5 pm on the last business day before the time for holding the meeting or adjourned meeting.

Please send all proxy forms to: office@acipc.org.au