



## PROXY FORM – Special Meeting of Associate Members Indigenous Allied Health Australia Ltd ABN 42 680 384 985 (Company)

### Appointment of Proxy

I/We   
insert name of member

of   
insert address of member

being a Full Member/s of the Company and entitled to attend and vote hereby appoint

the Chairperson  
of the Meeting  
(mark with an 'X') **OR**  If you are **not** appointing the  
Chairperson of the Meeting, write the  
name of the person you are  
appointing as your proxy

or failing the person named, or if no person is named, the Chairperson of the Meeting, as my/our proxy to attend, to vote in accordance with the following directions (or if no directions have been given, as the proxy sees fit), and to act generally on my/our behalf, at the Special Meeting of the Associate Member - Individual class of the Company to be held during the 2021 IAHA AGM between **12.00pm-2.30pm (Canberra ACT time) on Thursday 21 October 2021 by virtual online meeting using Zoom and TrueVote** (and at any adjournment of that meeting).

### Voting directions to your proxy (if applicable)

**Special Resolution 1:** "Pursuant to Article 9(e) of the Constitution and section 246B of the Corporations Act 2001 (Cth), and with effect from the date of this Resolution:

- the eligibility of an individual to be an 'Associate Member - Individual' under the current Article 7(c) of Company's Constitution be limited to individuals who are Aboriginal and/or Torres Strait Islander and who meet the existing criteria;
- any individual who is currently an 'Associate Member - Individual', will cease to be an 'Associate Member - Individual' at the conclusion of this AGM if they do not meet the criteria; and
- the relevant changes set out in Annexure A be made to the Company's Constitution to reflect this change."

For  Against  Abstain\*

Note:

Special Resolution 1 relates to the proposed variation of the rights of the category of members known as "Associate Member - Individuals". A copy of the proposed amendments to the constitution and a detailed note on the consequences of changes is included in the special meeting notice pack and available on the Members only section of IAHA's website.

If you do not direct your proxy how to vote on your behalf, your proxy may vote on your behalf as they feel fit.

\* If you mark the Abstain box for a particular item, you are directing your proxy not to vote on your behalf and your vote will not be counted in computing the required majority on a poll.

### Signature of Member

This section *must* be signed in accordance with the instructions overleaf to enable your directions to be implemented.

Individual

Date

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Contact Name

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Contact Daytime Telephone



## INSTRUCTIONS FOR COMPLETION OF PROXY FORM

### 1. Appointment of Proxy

If you wish to appoint the Chairperson of the Meeting as your proxy, mark the box. If the person you wish to appoint as your proxy is someone other than the Chairperson of the Meeting, write the name of that person. If you leave this section blank or your named proxy does not attend the Meeting, the Chairperson of the Meeting will be your proxy. A proxy must be a Full Member of Indigenous Allied Health Australia Ltd (**Company**).

### 2. Voting directions to your Proxy

You may direct your proxy how to vote on an item of business by providing directions in the "Voting Directions to Your Proxy" section of the proxy form. If you do not provide directions in relation to an item of business, your proxy may decide whether or how to vote on that item.

### 3. Signature of Members

The Members must sign this form in the space provided.

### 4. Lodgement of Proxy

This proxy form must be received by the Company no later than 48 hours before the meeting – that is, it must be **received before 12.00pm (Canberra, ACT time) on Tuesday 19 October 2021**. Any proxy form received after that time will not be valid for the scheduled meeting.

**Documents may be lodged by posting or delivering to the Company at the address below:**

Indigenous Allied Health Australia Ltd

**Post / Delivery:** PO BOX 323, Ground Floor 9-11 Napier Close Deakin ACT 2600

**Email:** [secretary@iaha.com.au](mailto:secretary@iaha.com.au)

**Personal information:** Chapter 2C of the Corporations Act 2001 requires information about you (including your name and address) to be included in the Company's register of members. This information must continue to be included in the Company's register of members if you cease to be a member. Information is collected to administer your membership and if some or all of the information is not collected then it might not be possible to administer your membership. The Company may disclose this information for purposes related to your membership, including in circumstances permitted under the Chapter 2C of the Corporations Act 2001. You can obtain access to your personal information in the Company's register of members in accordance with Chapter 2C of the Corporations Act 2001.



*Make a Difference...*  
**Be an allied health professional**