



PO Box 323 Deakin West ACT 2600 Phone: +61 2 6285 1010 Fax: +61 2 6260 5581 www.iaha.com.au

# **PROXY FORM**

Indigenous Allied Health Australia Limited ABN 42 680 384 985 (Company)

## **Appointment of Proxy**

| I/We    |   |   |
|---------|---|---|
| I       |   | insert name of member   |
| of      |   |   |
|         |   | insert address of member  |
| being a | the Chairperson<br>of the Meeting<br>( <b>mark with an OR</b> | and entitled to attend and vote hereby appoint<br>If you are <b>not</b> appointing the<br>Chairperson of the Meeting,<br>write the name of the person |
|         | <b>'X'</b> )  | 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 Annual General Meeting of the Company to be held at **12.00pm** (Canberra ACT time) on Wednesday 23 October 2024 (and at any adjournment of that meeting).

## Voting directions to your proxy (if applicable)

**Ordinary Resolution 1:** "That the appointment of the persons selected by the ballot process as **directors of IAHA** as announced by the Chair of the annual general meeting be confirmed and will take effect as at the end of the AGM."

| For | Against | Abstain* |  |
|-----|---------|----------|--|
|     |         |          |  |

**Ordinary Resolution 2:** "That the appointment of the persons selected by the ballot process as **directors of IAHA NT Workforce Development Limited** as announced by the Chair of the annual general meeting be confirmed and will take effect as at the end of the AGM."

| For | Against 🛛 | Abstain* 🔲 |
|-----|-----------|------------|
|     | Against 🗀 |            |

Note:

Resolutions 1 and 2 relate to the confirmation of the Director appointments determined by ballot, and providing a direction on these resolutions is not a direction in relation to voting in the ballots. To vote in the election of Directors you can vote using the TrueVote platform prior to, or at, the AGM.

# **Indigenous Allied Health Australia**



PO Box 323 Deakin West ACT 2600 Phone: +61 2 6285 1010 Fax: +61 2 6260 5581 www.iaha.com.au

**Ordinary Resolution 3:** "That, for the purposes of Article 61(c) of the Company's Constitution and for all other purposes, approval is given for an **aggregate maximum amount of \$144,000 per annum** to be available for payment of **Directors' and board committee members' remuneration** (including superannuation where applicable but excluding reimbursement for expenses and insurance premiums in accordance with the Company's Constitution."

| For |  | Against |  | Abstain* |
|-----|--|---------|--|----------|
|-----|--|---------|--|----------|

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 |  |
|------|--|

Contact Name

Contact Daytime Telephone

**Indigenous Allied Health Australia** 

PO Box 323 Deakin West ACT 2600 Phone: +61 2 6285 1010 Fax: +61 2 6260 5581 www.iaha.com.au

# INSTRUCTIONS FOR COMPLETION OF PROXY FORM

## 1. Appointment of Proxy

AHA

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 the 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 time on Monday 21 October 2024**. 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:

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

Email: 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.