

FORM OF APPOINTMENT OF PROXY

I,	
Full Name of Memer	
of	
Company Name	
being a member of	CITY OF LIVERPOOL CHAMBER OF COMMERCE & INDUSTRY INC Name of Incorporated Association
hereby appoint	Full Name Member
of	
Company Name	
being a member of	City of Liverpool Chamber of Commerce & Industry Inc (the association),
as my proxy to vote	for me on my behalf at the general meeting of the association (Annual General Meeting
or Special General	Meeting, as the case may be) to be held on the
•	Date of meeting (dd/mm/yyyy)
	rised to vote in favour <u>of / against</u> (delete as appropriate) the resolution
Insert De	etails:
····· * to be inserted if de	sired.
	Signature of Member appointing Proxy
	Date:
Please prin	nt and complete this form then either give the completed form to your Proxy or email to secretary@liverpoolchamber.org.au
NOTE: A Proxy	vote may not be given to a person who is not a Financial Member of the association.
Received by Associa	ation:
	dd/mm/yyyy hh:mm