

## FORM OF APPOINTMENT OF PROXY

Please send signed and completed Proxy form to president@liverpoolchamber.org.au Subject should contain: CLCC Proxy

Nomination Form must be received by president@liverpoolchamber.org.au no later than 5:00pm 19/11/24

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)
and at any adjournm	ent of that meeting.
*My proxy is author	ised to vote in favour <u>of <math>/</math> against</u> (delete as appropriate) the resolution
Insert De	tails:
• to be inserted if des	sired.
	Signature of Member appointing Proxy
	Date:
Please prir	at and complete this form then either give the completed form to your Proxy or email to secretary@liverpoolchamber.org.au
NOTE: A Proxy	vote <u>may not</u> be given to a person who is not a Financial Member of the association.
Office Use:	
Received by Associa	