CHERBROUG REGIONAL ABORIGINAL & ISLANDER COMMUNITY CONTROLLED HEALTH SERVICES LTD
ABN 26 601 820 535

APPOINTMENT OF PROXY

STEP 1: APPOINT A PROXY

I, _____(Name of member)

of_____(address of member)

hereby appoint (tick one box below)

☐ The Chairman of the meeting OR ☐ _____

If you are NOT appointing the Chairman of the meeting please write the name of the person you are appointing as your proxy.
NB: the person must be a Member of CRAICCHS.

Or failing the person named, or if no person is named, the Chairman of the meeting as my proxy to vote in accordance with the following directions for me on my behalf at the Annual General Meeting of Cherbourg Regional Aboriginal & Islander Community Controlled Health Services Ltd (CRAICCHS) to be held on **19 March 2025** and at any adjournment of that meeting.

STEP 2: SIGNATURE OF MEMBER

Signing Instructions: *This form should be signed by the member.*

Signature:	**Name:**
Contact Number:	**Date:**
Email Address:	

Proxies will only be valid and accepted by the company if they are signed and received no later than **3.00pm on Monday 17 March 2025** or being 48 hours prior to the AGM via email to jriordan@kalawyer.com.au, or hand deliver to CRAICCHS, 5 Bligh Street, Cherbourg. Further details are provided on the following pages.

HOW TO COMPLETE THIS PROXY FORM

Step 1: Your name and address

Please insert your name and address in the boxes in step 1;
If you wish to appoint the Chairman of the meeting as your proxy, please indicate "Chairman of the Meeting" in step 1. Alternatively, if you wish to appoint someone other than the Chairman, please indicate this person's name in step 1. A proxy needs to be a Member of CRAICCHS.

Step 2: Signature of Member
You must sign the form as follows in the spaces provided:

Other:
Each Member has a right to appoint a proxy to attend and vote at any meeting at which the Member is entitled to attend and vote;
The proxy may not vote on a show of hands at a meeting.
Your vote will be cast in accordance with your instructions shown on the proxy;
The Chairman of the Meeting intends to vote undirected proxies in favour of each item of business.

LODGE YOUR VOTE
To be valid, this proxy form must be received at an address below by **3.00pm Monday 17 March 2025**, not being later than 48 hours before the commencement of the meeting. Any proxy form received after that time will not be valid for the scheduled meeting.

By mail:	*By email:*	*By hand:*
The Company Secretary Cherbourg Regional Aboriginal & Islander Community Controlled Health Service 5 Bligh Street Cherbourg QLD 4605	jriordan@kalawyer.com.au	Cherbourg Regional Aboriginal & Islander Community Controlled Health Service 5 Bligh Street Cherbourg

Completed signed proxy forms must be received by Cherbourg Reginal Aboriginal & Islander Community Controlled Health Service Ltd
no later than 3.00pm 17 March 2025.
They can be sent by email to jriordan@kalawyer.com.au, or
by delivery to CRAICCHS, 5 Bligh Street, Cherbourg