# Australasian College for Infection Prevention and Control LimitedACN 154 341 036

# FORM OF APPOINTMENT OF PROXY

I, ..........................................................................................................................................................,
(full name of member)

of ........................................................................................................................................................... (address)

being a financial voting member of the Australian College for Infection Prevention and Control Ltd

hereby appoint ...................................................................................................................................... (full name of proxy)

of .......................................................................................................................................................... (Insert address)

as my proxy at the **Annual General Meeting** of the **Australasian College for Infection Prevention and Control Ltd** to be held on the **18th day of November 2025** and at any adjournment of that meeting.

My proxy is authorised to vote (please tick the options):

* as they see fit
* in favour of
* against
* abstain

for

* all resolutions
* the following resolutions …………………………………………………………………………………………………

.................................................................................. ................................................... Signature of member appointing a proxy Date

In accordance with Clause 10.8(c) of the Constitution, this proxy must be provided to the Company no later than 5 pm on the last business day before the time for holding the meeting or the adjourned meeting. Please send all proxy forms to: office@acipc.org.au