

# AUSTRALIAN MEDICAL ASSOCIATION

# NORTHERN TERRITORY INC.

# SPECIAL GENERAL MEETING

# PROXY FORM

TO: Chief Executive Officer

Australian Medical Association Northern Territory Inc.

PO Box 2299

PARAP NT 0804

Fax: 08 8941 0937

Email: fcrombie@amant.com.au

I, ……………………………………………………………………………………….………..

*(insert name – please print)*

of ………………………………………………………………………………………………..

*(insert address – please print)*

being an Ordinary Member of the Australian Medical Association Northern Territory Inc. hereby appoint:

…………………………………………………………………………………………………...

*(insert name – please print)*

of ………………………………………………………………………………………………..

*(insert address – please print)*

or failing that person ………………………………………………………………….………...

*(insert name – please print)*

of ………………………………………………………………………………………………..

*(insert address – please print)*

as my proxy to vote for me and on my behalf at the Special General Meeting of the Association

to be held on the 7th day of October 2025, and at any adjournment thereof.

I direct that my proxy shall vote as follows:

…………………………………………………………………………………………………...

SIGNED …………………………….………….. this ………. day of ………….………. 2025