

FORM OF APPOINTMENT OF PROXY

I, _____ of _____
(full name) (address)

being a financial member of the Association of Quality Child Care Centres of NSW Inc. (trading as Australian Childcare Alliance (ACA) NSW) hereby appoint

(full name of proxy)

of _____
(address)

being a financial member of 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 **28 October 2024** and at any adjournment of that meeting.

- My proxy is authorised to vote in favour of/against (delete as appropriate) the resolution (insert details).

Signature of member appointing proxy

Date: _____

NOTE:

- A Proxy Vote may not be given to a person who is not a financial member of the Association.

Completed Proxy Forms should be sent to:

The Secretary, Australian Childcare Alliance New South Wales, PO Box 660, Parramatta NSW 2124 and received no later than 24 hours before the time of the Annual General Meeting (as per Clause 37.1 of the Constitution).