



**Appointment of Proxy Form
Australian Senior Active Doctors Association Inc.**

I,,
(Name)

being a member of the Australian Senior Active Doctors Association Inc.

appoint.....,
(Name of proxy holder)

being a member of the Australian Senior Active Doctors Association Inc.,

as my proxy to vote for me on my behalf at the annual general meeting of ASADA Inc. and at any adjournment of that meeting.

Date of AGM:

I authorise my proxy to vote on my behalf:

- at their discretion in respect of any motion
- at their discretion in respect of the following resolution/s –

.....
.....

Signed Date

Note that proxies must be received by ASADA Inc. at least 24 hours before the time for holding the meeting.

Email to secretary@asada.asn.au