PROXY FORM Annual General Meeting 2026
Apunipima Cape York Health Council Limited (ABN 26 089 437 717)

I,(Name)_____

of (Address)_____

being an ordinary member of the Apunipima Cape York Health Council Limited, (Apunipima) and entitled to attend the Meeting and vote hereby **appoint:**

Name:_____

Address:_____

Or ☐ failing the person named, or if no person named, the Chairperson of the Meeting, as my proxy to attend, to vote in accordance with the following directions (or if no directions have been given, as the proxy sees fit,) and to act generally on my behalf at the **Annual General Meeting of Apunipima Cape York Health Council Limited (ABN 26 089 437 717)** to be held on Thursday 26 November 2026, or at any adjournment of that meeting.

I direct my proxy to vote as indicated below:

Resolution

	For	**Against**	**Abstain**
To confirm the minutes of the 2025 Apunipima AGM			
To approve the appointment of BDO as Auditor for financial year 2026/27.			
Special Resolution: To adopt the amended Constitution			

If no directions are made the proxy may abstain or vote at his or her discretion.

SIGNATURE:..... **Date:**.....

NOTES

1. Appointment of Proxies

Complete the name of the person you wish to act as your proxy.. If you leave this section blank or your named proxy does not attend the meeting the Chairperson of the Meeting will be your proxy (unless the Chairperson already holds a proxy as a Member may hold only one proxy under Rule 45.4, so please consider naming another Member). The Proxy must be a member of Apunipima Cape York Health Council Limited.

2. Voting directions to your proxy

You may direct your proxy how to vote on an item of business by placing a mark in one of the three boxes opposite that item of business, as shown. If you do not mark any of the boxes on a given item, your proxy may decide whether or how to vote on that item. If you mark more than one box on an item, your vote on that item will be invalid.

3. Signature of members

You must sign this form in the space provided.

4. Lodgement of proxy

This form must be received by the Company Secretary of Apunipima Cape York Health Council no later than 5pm Wednesday 18 November 2026.

You can submit your proxy form in the following ways:

By email fiona.justin@apunipima.org.au

By mail PO Box 12045 Westcourt, Queensland, 4870.

By hand Cairns Office at 186 McCoombe Street, Bungalow, Queensland, 4870.

5. Eligibility to vote

Ordinary Members are entitled to one (1) vote and voting will be conducted by a show of hands and/or pursuant to instructions in proxy forms. Associate Members may attend but cannot vote (Rule 9.3).

6. Quorum

Quorum for the meeting is fifteen (15) members, with a minimum of one (1) representative from each of the Regions in attendance. If a quorum is not present within one hour, the meeting is adjourned until the next week at the same time. If there is still no quorum, the meeting is cancelled.