

PROXY FORM

I _____ of _____

being a financial member of Queensland Stoma Association Ltd and entitled to vote at General Meetings of Queensland Stoma Association Ltd hereby appoint (please select one)

- ☐ **The Chairperson of the meeting**
- ☐ **The Secretary of Queensland Stoma Association Ltd**
- ☐ **QSA Ordinary Member** (insert name) _____

to be my proxy at the Annual General Meeting of Queensland Stoma Associations Ltd to be held at Unit 1/10, Valente Close CHERMSIDE at 2.00pm on Saturday, 13th September 2025 and at any adjournments thereof.

I authorise my proxy to vote at his or her discretion in respect of all motions or other business conducted at the meeting.

This proxy supersedes any previous proxy signed by me.

Signature of Member _____

Dated _____

Membership Number (if known) _____

Proxies must be returned and received by the Company Secretary at least 48 hours prior to the meeting. Send by post to:

*The Secretary
Queensland Stoma Association Ltd
PO Box 370
CHERMSIDE SOUTH QLD 4032*

or by fax to 07) 07 3350 1882, or by email to admin@qldstoma.asn.au