

The Caribbean Australian Assoc. Inc. P.O. Box 1129, Booragoon WA 6154

## SCHEDULE 3 - FORM OF APPOINTMENT OF PROXY

Name:	
Address:	
being a Mem appoint	ber of the Caribbean Australian Association Incorporated,
Name:	
Address:	
being a Mem General Meet of such meeti	ber of the Association, as my proxy to vote for me on my behalf at the Annual/special* ting of the Association to be held at the meeting described below (or any adjournment ing):
Date of meeting:	
Place of meeting:	
My proxy is a	uthorised to vote in favour of/against* the following resolution:
Details of resolution:	
Signed	
Date:	

\*Delete if not applicable