

# PROXY FORM

## Ambulance Service Welfare Fund



..... of .....  
(Name) (Worksite)

being a current financial member of the Ambulance Service Welfare Fund appoint:

..... of .....  
(Name) (Worksite)

I direct my proxy to vote in respect of each resolution to be considered as indicated with an "X" below, and to vote or abstain in respect of any procedural resolution as my proxy thinks fit.

**FOR    AGAINST    ABSTAIN**

1. To accept the minutes of the previous meeting
2. To accept the Chairpersons report
3. To accept the Treasurer's report

as my proxy to vote for me on my behalf at the Annual General Meeting of the Company to be held via Zoom on **Thursday, 26th October 2023 at 2:00pm** and at any adjournment of that meeting.

If no direction is given above, I authorise my proxy to vote or abstain as my proxy thinks fit in respect of each resolution (including any procedural resolution to be considered by the meeting and any adjournment of the meeting).

Date: ..... Signature: .....

**AMBULANCE SERVICE WELFARE FUND**

**13 HINDMARSH PLACE, HINDMARSH SA 5007**

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