



PIKA WIYA HEALTH SERVICE ABORIGINAL CORPORATION

ICN: 7355

PO Box 2021
40-46 Dartmouth Street
PORT AUGUSTA SA 5700

PROXY APPOINTMENT FORM

I, _____	(Full Name of Member)
of _____	(Address of Member)

am a member of Pika Wiya Health Service Aboriginal Corporation	(Name of Corporation)
I appoint _____	(full name of proxy)
of _____	(address of proxy)

Who is a member of Pika Wiya Health Service Aboriginal Corporation, as my proxy to vote for me on my behalf at the Annual General Meeting to be held on Thursday 19 October 2023, and at any adjournment of that meeting.

Signature of Member _____

Date _____/_____/_____

Note: Notification of a proxy must be received at PWHS administration office,
40 Dartmouth Street, Port Augusta **by 4.00pm Tuesday 17 October 2023**

OFFICE USE ONLY

Received on (date) _____/_____/_____

Eligibility verified by (name of PWHS employee) _____

