## **Proxy Form**

Please mark to indicate your directions

## STEP 1 Appoint a Proxy to Vote on Your Behalf

l b	eing a member of the Schizophr	enia Fellowship of New So	outh Wales Ltd h	ereby appoint	
	the Chairman OR of the meeting			# W-9W-	
		Please Note: Leave this bo not insert your own name(s).	ox blank if you have s	elected the Chairmar	of the meeting. Do
accordance v Schizophreni	individual named, the Chairman of the with the following directions (or if no dir ia Fellowship of New South Wales Ltd 7 November 2019 at 12pm and at an	ections have been given, as the to be held at Building 36, Digby	proxy sees fit) at Road, Old Glades	the Annual Gener	al Meeting of the
The of t on	PORTANT NOTE:  the Chairman of the meeting intends the meeting is your proxy (or becomes item 2. If you appoint the Chairman of the chairman o	your proxy by default), you expr of the meeting as your proxy yo	essly authorise the ou can direct the C	Chairman to exer	cise your proxy
STEP 2	Items of Business	PLEASE NOTE: If you mark vote on your behalf on a show computing the required major	v of hands or a poll ar		
0	RDINARY BUSINESS		FOR	AGAINST	ABSTAIN
Item 2	To re-elect Sonja Schw	eizer as a director			
) 2	i) I		FOR	AGAINST	ABSTAIN
Item 2	To re-elect Peter Fergu	son as a director			
			FOR	AGAINST	ABSTAIN
SIGN	Signature of members signature	<b>er</b> This section must be comple	eted.		
Print Name		Member's address		Contact phone nur	nber
DATE:					