

Proxy Form

Proxy Forms must be received at the registered office of
KU Children's Services no later than 4:00pm (EST) on
Sunday 20 May 2018.



Once you have completed all four (4) sections of this Proxy Form, return as follows:

Registered Office: 129 York Street, Sydney NSW 2000
Postal Address: PO Box Q132, QVB Post Office NSW 1230
Facsimile: 02 9267 6653
Scan and Email: agm@ku.com.au

STEP 1: YOUR DETAILS

Full Name: _____ KU Centre: _____
(Please print) (If applicable)

Membership Type: ☐ Parent Member ☐ General Interest Member ☐ Life Member

STEP 2: APPOINT YOUR PROXY

This person must actually attend the AGM to vote on your behalf.

Please note: KU Centre Directors do not attend the AGM and therefore cannot act as a Proxy.

You can appoint a proxy by name, or by reference to the office they hold, e.g. "Chair of the Meeting" or "Chair of the Board". The person acting as a Proxy does not have to be a KU Member.

I hereby appoint: _____
(Full name or Office of the person you are appointing as your proxy)

as my proxy to vote on my behalf at the Annual General Meeting of the Company to be held at the Hilton Hotel, Level 1 – Rooms 5 & 6, 488 George Street, Sydney NSW 2000 on Tuesday 22 May at 2018 at 4:00pm (EST) and at any adjournment thereof.

STEP 3: YOUR VOTING INSTRUCTIONS

Tick one of the options below:

- ☐ **Option A: My Proxy is entitled to vote in whatever way he/she thinks fit.**
- ☐ **Option B: My Proxy is entitled to vote in accordance with the instructions set out below,** however my proxy is free to vote in whatever way he/she thinks fit in relation to general business conducted at the Annual General Meeting of the Company, and/or if I have not provided instructions for a resolution.

Ordinary Resolution

To appoint Elizabeth Lees as a Life Member of
KU Children's Services

Yes

☐

No

☐

Abstain

☐

STEP 4: AUTHORITY

Signature: _____ Date: _____