

Option B: Proxy representation form.



Member name: (required)

Membership number: (required)

As a Member of UniMed, I hereby appoint the following person as my proxy to act generally at the AGM on my behalf, and for the votes for the resolutions to be cast at their discretion.

I appoint the person below as my proxy:

- Any UniMed director (sign below)
- Any UniMed Member attending the AGM (sign below)
- My union delegate who is a Member and will attend the AGM (sign below)
- The UniMed Member listed below, complete details before signing below

Full name of person voting as a named proxy (required)

Membership number of proxy (required)

Email (required)

Phone (required)

You must sign this form. If you do not sign your proxy will be invalid.

Signed

Date

Go paperless.

Register an email with UniMed to keep up-to-date with the latest information on your Membership.

Phone 0800 600 666 to update your details or email members@unimed.co.nz with your preferred email address and three forms of verification in the message e.g date of birth, Membership number and address.



Proxy nomination documentation to be emailed to

AGM@unimed.co.nz

or free posted to

ReplyPaid Authority Number: 688

Governance Administrator

UniMed

PO Box 1721

Christchurch 8140

Your fully completed and signed form must be received by 6pm on Thursday 21 November or it will be invalid.



Head Office

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