

THE PROVISIONAL HONG KONG ACADEMY OF NURSING LIMITED
(“ACADEMY”)
NOTICE OF THE 4th ANNUAL GENERAL MEETING

- Date : 8th August 2015 (Saturday)
- Time : 5:20 pm
- Venue : Jade Ballroom, 2/F Eaton Hotel, 380 Nathan Road, Kowloon
- Agenda : 1. To confirm minutes of the 2014 Annual General Meeting;
2. To receive and consider the report of the President on behalf of the Council of the Academy;
3. To receive and consider the accounts, the balance sheet and the report of the auditors of the Academy for the year ended 31st December 2014;
4. To appoint an Honorary Auditor;
5. To elect a Council Member to fill one Council seat*;
6. A.O.B.

Note :

- A. Members intending to attend in person should properly complete and return the reply slip on or before 1st August 2015 (Saturday).
- B. Each Member is entitled to appoint another person as a proxy to attend the Annual General Meeting.
- C. In accordance with the Articles of Association of “Academy”, only a proxy of an Institutional Member is entitled to vote in the Annual General Meeting and to nominate a candidate to stand for election to the Council.
- D. For an appointment of a proxy to be valid and effective, the enclosed Form of Appointment of Proxy must be properly completed and returned the *original* on or before 5:00 p.m. of 6th August 2015.
- * In accordance with Article 49 of the Articles of Association of “Academy”, *Ms. Civy LEUNG Sui Kei*, shall retire by rotation, and, being eligible, offers herself for re-election at the Annual General Meeting. For nomination of other candidates(s) to stand for the election, the enclosed nomination form must be properly completed and returned on or before 5:00 pm of 6th August 2015.



Ms. Gloria LUK
Hon. Secretary
Date: 15th July 2015

----- Reply Slip -----

To : The Provisional Hong Kong Academy of Nursing Limited
Fax : (852) 2370 0216 Email: info@hkan.hk

I, the undersigned, being an Institutional Member/Fellow Member/Honorary Fellow of the Academy confirm my attendance at the 4th Annual General Meeting on 8th August 2015.

Name : _____ College : _____

Mobile Phone : _____ Email : _____

Signature : _____ Date : _____