



The Hong Kong Academy of Nursing
香港護理專科學院

LG1, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Lai Chi Kok, Hong Kong SAR
Email: info@hkan.hk Telephone: (852) 2370 0335 Fax: (852) 2370 0216

The Hong Kong Academy of Nursing Limited
(the “Academy”)

Appointment of Proxy Form

I / We, the undersigned, being an Institutional Member / Fellow Member / Honorary Fellow / Member of the Hong Kong Academy of Nursing Limited, do appoint the Chairman of the meeting (see Note 2 below), or _____ of _____, also a Member of the Academy, as my Proxy to attend the Annual General Meeting of the Academy to be held on 20th June 2020 (the “AGM”), and (in the case of an Institutional Member only) to vote for and on behalf of the Institutional Member at the AGM, and at any adjournment of such meeting.

The Proxy is to vote for, against or abstain from voting as follows:

	Resolutions	For	Against	Abstain
1	To receive the report of the President on behalf of the Council of the Academy			
2	To receive the accounts, the balance sheet and the report of the auditor of the Academy for the year ended 31 st December 2019			
3	To elect TWO (2) Members to become Council Members of the Academy			
4	To appoint an Honorary Auditor			



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Notes

1. The instrument appointing a proxy shall be in writing under the hand of the appointor and shall be deposited at the office of The Hong Kong Academy of Nursing Limited at LG1, School of Nursing, Princess Margaret Hospital, 232 Lai King Hill Road, Kowloon, Hong Kong **not less than 24 hours** before the time for holding the meeting or adjourned meeting at which the person named in the instrument proposes to vote, or in the case of a poll, **not less than 24 hours** before the time appointed for the taking of the poll, and in default the instrument shall not be treated as valid. No instrument of proxy shall be valid after the expiration of 12 months from the date specified in it as its date of execution.
2. Delete if it is desired to appoint any other person and insert his or her name and firm name in the space provided. A Proxy must also be a member of the Academy of Nursing.
3. Instruction as to voting or abstention on the specified resolutions should be indicated by a “✓” in the appropriate box. In the absence of instructions, the Proxy will vote (or abstain from voting) as he or she thinks fit on the specified resolution.
4. Your Proxy will vote (or abstain from voting) as he or she thinks fit on any other business which may properly come before the meeting.

Dated this _____ day of _____ 2020

Signed: _____

Full Name: (please print): _____

Name of Institutional Member: _____

Contact Tel. No.: _____

The original copy of this form shall only be effective when fully completed and returned to the Academy office **on or before 9:30 am of 19th June 2020**.