



THYROID AUSTRALIA LTD

SUPPORT FOR THOSE WITH THYROID CONDITIONS,
THEIR FAMILIES AND FRIENDS

PROXY FORM

NAME: _____

Please insert your name and address

ADDRESS: _____

Please post completed form to:
333 Waverley Road
Mount Waverley VIC 3149

OR

Email: support@thyroid.org.au

(in PDF format)

To arrive by 5.00pm on Friday, 28
November 2007)

State: _____ Code: _____

Appointment of Proxy

I being a member of Thyroid Australia Limited appoint:

The Chairman of the Meeting
(Mark with an 'X')

OR

Write here the name of the
person you are appointing if this
person is someone other than the
Chairman of the Meeting

or failing the person named, or, if no person is named above, the Chairman of the Meeting as my proxy and to vote in accordance with the following directions (or if no direction has been given, as the proxy sees fit) at the Annual General Meeting of Thyroid Australia Limited to be held at 333 Waverley Road, Mt Waverley, at 4.00pm on 30 November 2008 and at any adjournment of that meeting

Voting directions of your proxy – please mark X to indicate your directions

		For	Against	Abstain
Item 1.	To Receive the Financial Statements and Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item 2	To elect Cornelia Cefai as President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Item 2	To elect Jennifer Dunstone as a Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you mark the Abstain box for a particular item, you are directing your proxy not to vote on that item.

If you mark none of the boxes for a particular item, your proxy can vote as he or she chooses.

Authorised Signature

Date / /2008

You must sign here to enable your directions to be implemented