



APPOINTMENT OF PROXY FORM

THE MIGRATION INSTITUTE OF AUSTRALIA LIMITED

I, *(print Voting Member's name)* _____

being a member of The Migration Institute of Australia Limited ACN 003 409 390 ("**Institute**") hereby appoint *(name or office of proxy)*

_____ of *(address of proxy)* _____ as my proxy to vote for me and on my behalf at: *(tick one of the following)*

either: Any general meetings of the Institute and at any adjournment.

This proxy will be effective from *(date)* _____ to *(date)* _____ unless revoked by the appointing Member sooner.

or: The *(cross out whichever is not applicable)* annual / extraordinary general meeting of the Institute to be held on *(date of meeting)* _____ and any adjournment of it.

Any directions to appointing the proxy on how the proxy must vote on specific resolutions are as follows:

You may appoint any other person as your proxy. You may only appoint one proxy. Proxies may be only revoked by notice in writing to the Institute at the Office before the meeting to which the appointment relates.

Forms to appoint proxies must be lodged at the Office of the Institute at Level 3, 83 York Street, Sydney, New South Wales 2000 or sent by fax to (02) 9279 3172 at least 48 hours before the time appointed for the meeting, being *(insert time)* _____ on *(insert date)* _____.

If you return this form but do not nominate a representative, the Chair of the meeting will be your proxy and will vote on your behalf as the Chair thinks fit in relation to any motion or resolution other than those (if any) in respect of which an indication of the manner of voting is given below. If your nominated representative does not attend the meeting then your proxy will revert to the Chair of the meeting and the Chair may vote as the Chair thinks fit in relation to any motion or resolution other than those (if any) in respect of which an indication of the manner of voting is given above.

(if an individual)

(if a company)

SIGNED by:

SIGNED by:

(name of Member) _____

(name of Member) _____

ACN _____

.....
Signature of appointing member

.....
Signature of Director / Secretary

.....
Date

.....
Date