

PROXY FORM

AUSTRALIAN CAPITAL TERRITORY COUNCIL OF SOCIAL SERVICE INC.

I,	of,				
being a member of the	association,				
appoint		of		or,	
failing them,					
of,					
as my proxy to vote for held on the			special general m ny adjournment		any to be
This form is to be used	l in accordance	with the direc	tions below.		
Unless the proxy is directed, they may vote or abstain as they think fit.					
Signature of Member's	s Delegate				