

PROXY FORM FOR EXTRAORDINARY GENERAL MEETING TO BE HELD ON 5th NOVEMBER 2016

Date:

Date.			
I,	(Name	of	member)
	(Address	of	member)
(Member	rship Number)		
hereby appoint	(lame	of Proxy &
Member Number if applicable) as my proxy for the purpos	ses of the Queer	Scre	en Limited
(ACN: 059 963 110) Extraordinary General Meeting to be	held at 12.00pr	n, Sa	turday, 5th
November 2016 at the Albion Place Hotel, 531 George St, S	Sydney NSW, 200	00 (ind	cluding any
adjournments).			
Signature of member			
Signature of proxy			

A proxy form is the ONLY manner in which you may appoint a proxy for the Queer Screen Limited Annual Extraordinary Meeting 5th November 2016. The completed form must be received by the Company Secretary by 5.00pm, Thursday, 27th October 2016 by delivery to the Company Secretary, Queer Screen Limited, Suite 313, 410 Elizabeth Street, Surry Hills, NSW, 2010 OR scanned and emailed to: secretary@queerscreen.org.au. Please refer to 10.9 of the Queer Screen Limited Constitution for rules regarding the awarding of and voting by proxy.



Please tick the box below

Thistruct my proxy to vote as they consider appropriate at the meeting						
Or complete this table below						
Special Resolution	Vote For	Vote Against	Abstain			
1						
2						
3						
4						
5						
6						
7						
8						

 Signature of Member		
Signature of Proxy		