



香港泌尿外科護理學院 有限公司

HONG KONG COLLEGE OF UROLOGICAL NURSING Limited

Postal Address: P.O. Box No. 73765, Kowloon Central Post Office, Hong Kong
Website: www.hkcun.org

PROXY FORM

Registered Office:

Unit 606, 6th Floor, China Merchants Building, 152-155 Connaught Road Central, Hong Kong.

I _____, of _____

_____ being a member of above-named College
entitled to vote at any general meeting of the College, hereby appoint:

Name of Proxy: _____

Address of Proxy: _____

as my proxy to attend and vote for me on my behalf at the **Annual General Meeting** of the Company to be held at **Assembly Hall, Cityview Hotel Chinese YMCA of Hong Kong, Yau Ma Tei, Kowloon, Hong Kong** on **6 July 2019 (Saturday)** at **12:00 noon** and at any adjournment thereof.

Dated:

Notes:

1. A member entitled to vote at the meeting is entitled to appoint a proxy to attend and vote in his stead.
2. A proxy must be a voting member of the College.
3. Any instrument appointing a proxy should be deposited at the registered office of the College not less than 48 hours before the time appointed for the holding of the meeting.