



Caribbean Association of Pharmacists  
91 Dumbarton Avenue, Kingston 5, Jamaica

## Our Vision

Advancing the development and empowerment of the people of the Caribbean through excellence in the provision of all aspects of pharmacy practice.

### 2010 PROXY FORM FOR ANNUAL GENERAL MEETINGS

	Name _____	
	Address _____	
	I hereby appoint _____ my proxy to represent me at the August 12 <sup>th</sup> and 14 <sup>th</sup> 2010 Annual General Meeting, in St. Lucia, or at any adjourned meeting, and to act in my stead, authorizing this person fully to do all things that I could or might do if personally present. I also authorize this person to do every act whatsoever necessary or proper to be done in or upon all matters that may lawfully come before the said annual meeting or any adjournment thereof. Further, I hereby revoke any proxy or proxies previously given by me to any person or persons.	
	Signature of the member _____	
	Date _____	
	Signature of the proxy holder _____	
Date _____		
Signature _____	Secretary/Treasurer _____	Date received _____

#### Please read carefully before assigning your proxy vote.

The CAP constitution provides any voting member in good standing the option to cast his or her ballot at any Annual General Meeting either in person or by proxy.

- Please use this form or copy to register your vote.
- The form must be dated and signed to be valid
- The proxy holder must be a member in good standing
- The proxy holder must present this form 48 hours to the Secretary/Treasurer prior to the commencement of the Annual General Meeting.
- The proxy may be exercised only by the person named

**Remember:** If you cannot attend the Annual General Meeting, it is your obligation and privilege to vote by proxy.