

OCCUPATIONAL THERAPY AUSTRALIA LIMITED ACN 127 396 945 (Company)

PROXY FORM

I, (insert	name of Member)							
of (inser	t address)							
	member of the Occupational The ehalf at the general meeting of the							
	ppointment Option 1 Chairperson of the meeting		(Tick this box to select this appointment option)					
OR Proxy A	ppointment Option 2	(Tick this box to select this appointment option and then provide below the details of the appointee. The proxy must be a member of the Company)						
Proxy (ir	nsert name)							
of (inser	t address)							
The prox	y must vote as follows:							
	oting Option 1 cy may vote as she/he thinks fit.		(Tick this box to sei	lect this v	oting opt	ion)		
OR Proxy V	oting Option 2	(Tick this box to select this voting option. Then tick the applicable boxes in the table below)						
The prox	y must vote in accordance with t	he instru	ctions in the table bel	low.				
Resolutions					Yes	No	Abstain	
1.	That iaudit suite pty ltd are ratified as the Auditor of Occupational Therapy Australia Limited.							
2	That the Constitution tabled at the Annual General Meeting a initialled by the chair of the Annual General Meeting for the purposes of identification (a copy has been circulated to Members) be adopted as the Constitution of Occupational Therapy Australia Limited in place of the current Constitution with effect from the close of the meeting or any adjournment it.			,				
Signed:				Dated:				

Digital Signatures will be accepted.