## Proxy form

Molonglo Financial Services Ltd A.B.N. 77 100 097 443

All correspondence to:

Molonglo Financial Services Ltd
GPO Box 2577
Canberra ACT 2601
Enquiries 02 6169 4032
Facsimile 02 6291 0054
Email admin@molonglofs.com.au

		Liliali	aumme	noiongion	s.com.au
Please enter your name and address d Name: Address: Phone: Email:	etails below:				
Appointment of proxy					
We being a member/s of <b>Molonglo Financia</b> f no person is named below, the Chair of the ladiscretion as to any business not referred to the Company to be held at the <b>Aegean Room</b> adjournment of that Meeting.	Meeting as my/our proxy to vote in accorda below) or, if no directions are given, as my	nce with direction our proxy sees f	ns set out it, at the	below (w General M	rith leeting of
☐ The Chair of the Meeting OR (mark with a 'X')	appoi	Write here the name of the person you are appointing if this person is someone other than the Chair of the Meeting.			
Voting directions to your proxy  Please mark with a 'X' to indicate your directions					
Ordinary Business			Accept	Decline	Abstain*
<b>Special Resolution.</b> That the meeting adopt a new Constitution by replacing the Constitution with the Draft Constitution.					
If you mark the Abstain box for a particular ite oll and your vote will not be counted in working		on your behalf o	n a show	of hands	or on a
PLEASE SIGN HERE					
This section MUST be signed in accordance v	vith the instructions overleaf to enable your	directions to be i	mplemen	ted.	
Individual or Shareholder 1 Shareholder 2		Shareholder 3			
Sole Director and Sole Company Secretary	Director	Director/Company Secretary			