



## Proxy Voting Form

I, \_\_\_\_\_  
(Please print name) (person seeking proxy)

of: \_\_\_\_\_, City of: \_\_\_\_\_, Prov. : \_\_\_\_\_  
(address)

declaring that I am a member in good standing of the Canadian Hemophilia Society,  
Manitoba Chapter with: (1) one vote.

**HEREBY APPOINT:** \_\_\_\_\_  
(Please print name)

of: \_\_\_\_\_, City of: \_\_\_\_\_, Prov.: \_\_\_\_\_  
(address)

as Proxy of the undersigned, to attend the Annual General Meeting of members to be  
held on : **March 12, 2021** and at any adjournment thereof, and to vote and act on  
behalf of the undersigned in respect of all matters that may come before the meeting.

Signed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(day) (month) (year)

\_\_\_\_\_  
(signature)

**Please note, that proxies will only be accepted from this completed form,  
(can be photocopied). All proxy forms must be deposited, (returned) by:  
March 12, 2021 to:**

Suite 324, 120-1400 Ellice Ave. Winnipeg, Manitoba R3G 0J1

Telephone: 204.775.8625

Email: [info@hemophiliamb.ca](mailto:info@hemophiliamb.ca) Web site: [www.hemophiliamb.ca](http://www.hemophiliamb.ca)