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**Caribbean Association of Pharmacists**

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

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| **SPECIAL MEETING MAY 2020**  **PROXY FORM** | |
| **Member Name** |  |
| **Address** |  |
|  |
| **Country** |  |
| **Proxy Holder**  **Name** |  |
| **Proxy Declaration** | I have hereby appointed the above named member to represent me at the **CAP Special Meeting on Monday, May 25, 2020 and Tuesday, May 26, 2020 in Nassau Bahamas** or at any adjourned meeting, and to act in my stead, fully authorizing this person to do all things that I would 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. |
| **Member**  **Signature** |  |
| **Date (dd/mm/yyyy)** |  |
| **Proxy Holder**  **Signature** |  |
| **Date** |  |
| **Secretary Name & Signature** |  |
| **Date received** |  |

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

The CAP Constitution provides any member in good standing the option to cast his or her ballot at any Annual General Meeting or Special 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 to the Secretary, or submit it electronically via [thecapoffice@gmail.com](mailto:thecapoffice@gmail.com) 48 hours prior to the commencement of the Special Meeting.
* The proxy may be exercised only by the person named.

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

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**91 Dumbarton Avenue, Kingston 10, Jamaica**