

## PROXY

**The original signatures are required on all proxies delivered to the College**  
**Scanned, emailed or faxed copies are not accepted**

Please note that in accordance with CTCMA Bylaw 38 (6) & (7), the form of proxy must be duly completed and delivered to the registrar of the CTCMA at least six (6) days prior to the date of an Annual General Meeting or an Extraordinary General Meeting. A proxy holder shall not vote more than three (3) proxies at the meeting.

### For Completion by Registrant Giving a Proxy

As a CTCMA Registrant entitled to vote at a general meeting, by signing this form, I appoint the Registrant whose name and signature are contained below, as my Proxy Holder.

I, \_\_\_\_\_, Registration #: \_\_\_\_\_,

hereby appoint the Proxy Holder named below, to vote at the general meeting in my absence.  
(Registrant giving proxy vote to print name and registration number)

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Registrant giving a proxy)

### For Completion by Proxy Holder

As a Proxy Holder for the above registrant, I confirm that I attend at and vote for the above registrant as their appointed Proxy Holder

\_\_\_\_\_, Registration #: \_\_\_\_\_,  
(Proxy Holder to print name and registration number)

of \_\_\_\_\_.  
(print address of Proxy Holder)

As Proxy Holder for the undersigned I agree to be appointed and may attend and vote on behalf of the above named Registrant at the extraordinary general meeting of the College to be held on the **29<sup>th</sup> day of August, 2017** and at any adjournment of that meeting.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Proxy Holder)



# INSTRUCTIONS

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## Registrant Giving a Proxy

1. Complete your name and registration number then sign and date the portion marked 'For Completion by Registrant Giving a Proxy'
2. Mail the Proxy to a College registrant who agrees to be appointed by you to attend the EGM to vote on your behalf

## Proxy Holder

1. Complete your name, registration number and address then sign and date the portion marked 'For Completion by Proxy Holder'
2. Mail, courier or hand deliver the Proxy to the College before August 23, 2017 at the following address:

CTCMA  
EGM Proxy  
1664 West 8th Ave.  
Vancouver, BC V6J 1V4

## 說明

**委託投票表單必須持有簽名正本**  
**不接受掃描，電子郵件或傳真副本**

### 委任代表投票的中醫師

1. 於'For Completion by Registrant Giving a Proxy' 部分填上姓名，註冊號碼，然後簽名及寫上日期
2. 郵寄到一名同意代表您投票的註冊中醫師

### 被委任代表投票的中醫師

1. 於'For Completion by Proxy Holder' 部分填上姓名，註冊號碼及地址，然後簽名及寫上日期
2. 於 2017 年 8 月 23 日之前郵寄到中醫針灸管理局以下地址：

CTCMA  
EGM Proxy  
1664 West 8th Ave.  
Vancouver, BC V6J 1V4

