



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: **April 24, 2025** 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:
April 17, 2025 to:**

CHS-MC
Suite 324, 120-1400 Ellice Ave. Winnipeg, Manitoba R3G 0J1
Telephone: 204.775.8625
Email: info@hemophiliamb.ca Web site: www.hemophiliamb.ca