PHARMACEUTICAL SOCIETY OF JAMAICA

41 Lady Musgrave Road, Kingston 5

APPOINTMENT OF PROXY FORM

I …….
Name

of……..
Address

being a member of the Pharmaceutical Society of Jamaica, hereby appoint

…… of……

or failing him/her……of……

……as my Proxy to vote for me/ on my behalf at the

Special Meeting of the Society to be held on **Wednesday, August 19, 2026** and at any adjournment thereof.

Signed this…….. day of ……2026

……..
Signature

PLACE STAMP HERE $100.00

1. This Form of Proxy must be completed, impressed with stamp duty of $100.00 and lodged at the Registered Office of the Pharmaceutical Society of Jamaica.

2. Any alterations in this Form of Proxy shall be initialed.

Prepared in accordance with Companies Act