



**PROXY FORM**  
**ELECTION OF OFFICERS OF APACPH**  
**GENERAL ASSEMBLY MEETING 20<sup>th</sup> October 2015**

Please send your details to:

( [khairulanuar@mahsa.edu.my](mailto:khairulanuar@mahsa.edu.my) and [contact@apacph.org](mailto:contact@apacph.org) )

To the APACPH Secretary,

I hereby, wish to appoint \_\_\_\_\_ to be my proxy during the APACPH General Assembly 2015 on behalf of my institution.

Name of Dean (print name) : \_\_\_\_\_

Signature : \_\_\_\_\_

APACPH Institution : \_\_\_\_\_

Name of Proxy (print name) : \_\_\_\_\_

Position : \_\_\_\_\_

Signature : \_\_\_\_\_

*(\*To be processed by APACPH Secretariat)*

Dr. Khairul Anuar, Election Officer 2015

**\* Please complete and return the form to the APACPH Secretariat not later then 1<sup>st</sup> September, 2015 at 12:00 noon at Malaysian Time. Thank You.**

**APACPH Secretariat Kuala Lumpur**

Dept. Of Social & Preventive Medicine, Faculty of Medicine, 50603 University of Malaya

Phone: +603-7967 4756 Fax: +603-7967 4975

Email: [contact@apacph.org](mailto:contact@apacph.org) Website : [www.apacph.org](http://www.apacph.org)