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

ANNUAL GENERAL MEETING 2026 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 Annual General Meeting on **Tuesday, August 18th 2026 starting at 8:30 a.m.** at the Princess Grand Hotel, Hanover, Jamaica 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 (Month/dd/yyyy)	
Proxy Holder Signature	
Date (Month/dd/yyyy)	
Secretary Name & Signature	
Date received (Month/dd/yyyy)	

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 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 at least 48 hours prior to the commencement of the Annual General Meeting.
- The proxy may be exercised only by the person named

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