

AUTO PARTS RECYCLERS ASSOCIATION OF AUSTRALIA INC.

Mail or Fax to:
The Returning Officer, Castle Corporate Services P/L,
26 Ellingworth Pde, Box Hill VIC 3128
FAX: (03) 9890 6699

FORM OF PROXY

I/We Please insert: A1 Recyclers being a
a) business name a)
b) authorized officer's name b) B. Good #
(Please tick the box/boxes)

Full Member *(Please note, Associate Members are not entitled to vote under the APRAA Constitution)*

of Auto Parts Recyclers Association of Australia Inc, hereby appoint:-

The Chairman of the meeting; OR

_____ [Name]
of _____ [Address]

as my/our proxy to vote for me/us on my/our behalf at the Special General Meeting of the members of Auto Parts Recyclers Association of Australia Inc to be held on the 20th day of July, 2005 and at any adjournment of that meeting.

If the Directions to Proxy section below is completed, I/we hereby authorise and direct my/our proxy to vote strictly in accordance with the Directions to Proxy. Any vote cast by my/our proxy in contravention of the Directions to Proxy shall be invalid and ineffective and shall not be counted in the determination of the votes.

SIGNED this 24 day of June 2005

SIGNED by the Member's authorized officer, whose name appears above # X B. Good

TO BE VALID, THIS FORM MUST BE MAILED/FAXED TO THE INDEPENDENT RETURNING OFFICER, AS ABOVE.
TO BE RECEIVED NO LATER THAN 7.00 PM, 19 JULY, 2005

DIRECTIONS TO PROXY

I hereby authorise and direct my proxy to vote in accordance with these Directions by completing Section 1 OR Section 2

Section 1: Vote to be cast on ALL resolutions Vote FOR all resolutions OR Vote AGAINST all resolutions
OR

Section 2: Vote to be cast separately on EACH resolution:-

Item No	Subject matter of Item	Vote to be cast	
		Vote for the Item	Vote against the Item
1	Transfer the function and role of APRAA to State Member Bodies of the MTA		
2	Change of name to APRAA Inc.		
3	Consent to the incorporation of the New Association		
4	Transfer the assets and liabilities of APRAA to the New Association		
5	Deregistration of APRAA		
6	Alan Marshall to be authorised to apply for the deregistration of APRAA		

INSTRUCTIONS TO MEMBERS:

Complete Section 1 OR Section 2. *(Please DO NOT tick boxes in both Section 1 and 2.)*
Section 1: Please tick one box only, OR
Section 2: Please place one tick only in each row *(i.e. 6 items/6 rows).*