RETINA NZ PROXY FORM

l,	
of [address]	
being a FULLY PAID-UP MEMBER of Retina NZ Inc. hereby appoint	
of [address]	_ as my
proxy to vote for me on my behalf at the Annual General Meeting o	f Retina NZ
Inc. to be held on	at
, commencing at _	
and at every adjournment thereof.	
Signature	
Date	

Please return a copy of this form to Retina New Zealand Inc.