Annual General Meeting (AGM) of Contractors

Email and Postal Voting Form

The AGM of Community Pharmacy Kent will be held at 1pm on Wednesday 23rd September.

At this year's AGM, alongside providing key update on the work of Community Pharmacy Kent, we will be presenting the Annual Report, revised Community Pharmacy Kent constitution. The proposed amendment to the constitution aligns with the new revised Model LPC Constitution (2026) recommended by CPE.

The AGM report, New Model constitution and more information can be found by clicking this link

Under the provisions of the LPC constitution, contractors unable to attend the annual general meeting may vote by email or post. To do so please complete this form, ensuring that it reaches the returning officer by 12:00 on the 23rd September 2026 by emailing to admin@kentlpc.org.uk or post to The Hill Hub 1A Highfield Rd Dartford DA1 2JH

Email and postal votes received by that time will be added to the votes cast at the annual general meeting.

Please note that no amendments can be proposed to the new constitution either on this voting form or at the meeting. If you do not accept the changes recommended by the LPC please try to attend the Annual meeting rather than voting in advance.

Casting your vote: Please tick one option only

I plan to attend the annual general meeting to discuss both the 2025/26 statement of accounts and the revised constitution and to cast my vote in person/online ☐

Or

I will attend the meeting and would like to register my vote by email/ post as below

Approval of 25/26 Annual Accounts

I vote to **approve the Community Pharmacy Kent 2025/26 financial statements**	
I vote to **reject the Community Pharmacy Kent 2025/26 financial statements**	

Admin@kentlpc.org.uk
01634 649 101
The Hill Hub 1A Highfield Road Dartford DA1 2JH
Kent.communitypharmacy.org.uk

Approval of the Constitution Changes

I vote to **approve** the amendments to the Community Pharmacy Kent Constitution	
I vote to **reject** the amendments to the Community Pharmacy Kent Constitution	

Declaration

I confirm that I am the CCA representative, pharmacy owner or authorised on behalf of the contractor to complete this form.

Signed	
Print name	
Position	
Date	
Contact information	

This voting paper represents (total number of contracts):- Votes ☐

Please list ODS code(s) below (and/or NHS Parent Organisation Code where appropriate)

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