

SAMWUMED

PROXY FORM FOR THE SAMWUMED MEDICAL AID SCHEME

NOTES PERTAINING TO THE COMPLETION AND SUBMISSION OF PROXY FORM:

1. Below is a Proxy Form to be used by SAMWUMED MEDICAL AID SCHEME Members who will not be able to cast their vote at the upcoming Annual General Meeting **scheduled for 20th September 2024, at 09.30am via a Virtual Meeting Platform and physically at various venues**, but who would like to appoint a **Representative/Proxy** to vote on his/her behalf.
2. A Member can only appoint one proxy to vote on their behalf.
3. This Proxy Form must be presented by the appointed Member to the Chairperson of the Scheme.
4. Only Members of the Scheme who are not prohibited by the SAMWUMED Medical Aid Scheme Rules may vote by this Proxy Form.
5. The Member appointing a proxy will have his/her details completed on the Proxy Form. If the Member who has given the proxy decides to join the Annual General Meeting, The proxy form will be invalid.
6. By completing this Form, the Member acknowledges that the information provided is done so voluntarily, is true and correct, and shall be processed by SAMWUMED solely as necessary to perform its obligations and in accordance with Scheme Rule 32.2.5.

PLEASE COMPLETE FORM IN BLACK INK

I, (Initials and surname of Member).....

ID Number of Member.....

SAMWUMED Membership Number.....

Hereby appoints (Initials and surname of Member acting as proxy)

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ID Number of the Member acting as proxy.....

SAMWUMED Membership Number.....as my proxy to vote in my stead.

Signed at.....

Signed at.....

Day.....of.....2024

Day.....of.....2024

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Appointing Member Signature

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Appointed Member Signature