



**PROXY FORM
ANNUAL GENERAL MEETING
7 JUNE 2024**

I (Name in block letters)

Medical Scheme Number

Address.....

Being a Member of Medimed Medical Scheme, hereby appoint:

1.

ofor failing him/her

2.

of or failing him/her

3. the Principal Officer of the Scheme, or failing him/her, the Chairperson of the Annual General Meeting, as my proxy to vote in my stead, at the Annual General Meeting of the Scheme to be held at 11.00 on Friday, 7 June 2024.

Signed aton this the day of2024.

Signature

[OFFICIAL USE ONLY] Date of Receipt of form:

NOTES

- ❖ The person who has been nominated first on the proxy form and who is present at the Annual General Meeting will be entitled to act as proxy to the exclusion of those whose names follow.
- ❖ The completion and lodging of this form of proxy will not preclude the relevant member from attending the Annual General Meeting and speaking and voting in person, to the exclusion of any proxy appointed in terms hereof, should such member wish to do so.
- ❖ Proxy forms must be emailed / posted / delivered to the Principal Officer as indicated on the Annual General Meeting notice.