



**PROXY FORM
ANNUAL GENERAL MEETING
20 NOVEMBER 2020**

I (Name in block letters)

Medical Scheme Number

Address.....

Being a Member of Medimed Medical Scheme, hereby appoint:

1.

ofor failing him/her

2.

ofor 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 10h00 on Friday, 20 November 2020.

Signed aton this the day of2020.

Signature

Assisted by me (where applicable):

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.
- ❖ Forms of Proxy must be lodged at Momentumtyb offices or posted to the Principal Officer, Medimed Medical Scheme, AGM Proxy Forms, P.O. Box 1672, Port Elizabeth, 6000, or emailed to info@medimed.co.za, to be received **by no later than 16h30 on Friday 13 November 2020.**