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NOMINATION NOTICE:

**Invitation to members to nominate candidates
for purposes of electing Trustees
to the Board of Trustees of
Medimed Medical Scheme**



May 2025

Dear Medimed member,

Medimed Medical Scheme is, as required by the Medical Schemes Act, managed by a Board of Trustees. In terms of section 18.2 of the Medimed Scheme Rules, at least half of the Board of Trustees, must be elected by members to serve terms of office of three years each.

The election of the member elected trustees for the next 3-year period will be held at the Annual General Meeting on Friday 27th of June 2025 at 11am.

In terms of section 18.7 of the Medimed Scheme Rules:

“Nominations to fill vacancies, signed by a proposer and seconder in good standing with the Scheme, must be signed by the candidate signifying his/her consent to stand for election and must be submitted to the Scheme together with a current curriculum vitae at least 10 days prior to the annual general meeting and the election must be carried out by the members present at the annual general meeting of the Scheme.”

You are hereby invited to nominate candidates to stand for election to the Board of Trustees and are directed to the Candidate Nomination Form enclosed herewith, together with the rules for the completion of the Candidate Nomination Form. The Candidate Nomination Form must be completed fully and properly to ensure that the nomination can be considered.

Completed Candidate Nomination Forms are required to reach the Administrator by no later than **16h30 on Wednesday, 18th of June 2025**. Nominations not submitted by the stipulated deadline will be automatically disqualified.

All queries can be directed to the Fund Manager at telephone number (041) 395 4474 or e-mail info@medimed.co.za. or honey.kela@momentum.co.za

Yours faithfully

The Board of Trustees
Medimed Medical Scheme

CANDIDATE NOMINATION FORM OF MEDIMED MEDICAL SCHEME RULES FOR COMPLETION OF THE CANDIDATE NOMINATION FORM

Member: Principal Member of the Scheme not dependants

Scheme: Medimed Medical Scheme

1. Only Members in good standing with the Scheme may nominate other members as candidates.
2. Only Members in good standing with the Scheme are eligible to stand as candidates for election.
3. A member may only nominate one candidate.
4. Nominations must be submitted using the enclosed Candidate Nomination Form.
5. Each Candidate Nomination form must be signed by a proposer and a seconder, of whom both must be Members in good standing with the Scheme.
6. The Candidate Nomination Form must be signed by the candidate indicating his/ her acceptance of the nomination to stand for election to the Board of Trustees and consenting to the conditions contained therein.
7. The duly completed and signed Candidate Nomination Form must be accompanied by:
 - 7.1 A Curriculum Vitae of the candidate.
 - 7.2 A legible identity document of the candidate.

NOTE: a) The above documents can be emailed/hand delivered/ posted to the Scheme. (SEE 11 BELOW).
8. All information required on the Candidate Nomination Form must be completed. Failure to do so may invalidate the nomination.
9. The Board of Trustees shall screen the Candidate Nomination Form and assess the candidate's eligibility to stand for election to the Board of Trustees.
10. Your attention is drawn to the Scheme Rules, and in particular, to the following:

In terms of section 18.4 of the Scheme Rules, the following persons are not eligible to stand to be elected as a Trustee:

 - 10.1.1 A person under the age of 21.
 - 10.1.2 An employee, director, officer, consultant, or contractor of the administrator of the Scheme or, of the holding company, subsidiary, joint venture, or associate of that administrator.
 - 10.1.3 A broker.
 - 10.1.4 The auditor of the Scheme.
11. The Candidate Nomination Form, Curriculum Vitae, Identity Document, and all other supporting documents can be sent to the Scheme as follows:
 - 11.1 email: honey.kela@momentum.co.za
 - 11.2 Postal Address: The Principal Officer, Medimed Medical Scheme, PO Box 1672 Port Elizabeth 6000
 - 11.3 Hand Delivery: The Principal Officer 7 Lutman Street, Richmond Hill, Port Elizabeth.

For each of the above mark the email or letter:" NOMINATION FORM"



CANDIDATE NOMINATION FORM OF MEDIMED MEDICAL SCHEME

SECTION 1: NOMINATION

We, the undersigned, both being members of Medimed Medical Scheme, in good standing, do hereby nominate:

Name and Surname:	
ID Number:	
Medical Aid Number:	

Who is a member of Medimed Medical Scheme in good standing, as a candidate for purposes of being elected as a Trustee of Medimed Medical Scheme, in accordance with the Medimed Scheme Rules.

Information: Proposer

Name and Surname:	
ID Number:	
Medical Aid Number:	
Signature:	
Date :	

Information: Seconder

Name and Surname:	
ID Number:	
Medical Aid Number:	
Signature:	
Date:	

SECTION 2: DISCLOSURES (To be completed by the prospective nominee)

1.	Have you ever suffered from a mental illness which has rendered you incapable of managing your affairs, institutionalised or otherwise have been or are incapable of managing your affairs due to mental illness? If yes, please provide details of this.	Y	N
2.	Have you ever been declared insolvent, or have you surrendered your estate for the benefit of creditors? If yes, please provide details of this.	Y	N
3.	Have you ever been convicted of a criminal offence in the Republic of South Africa or elsewhere? If yes, please provide details on the nature of the offence and the date of the conviction.	Y	N
4.	Are you currently being prosecuted for any criminal offence in the Republic of South Africa or elsewhere? If yes, please provide details on the nature of the offence.	Y	N
5.	Have you ever been removed by the Court from any office of trust on account of misconduct? If yes, please provide details of this.	Y	N
6.	Have you ever been disqualified under any law from practicing your profession? If yes, please provide details on the nature and date of the disqualification.	Y	N
7.	Have you ever been dismissed from your place of employment? If yes, please include relevant dates, name(s) of organisations and contact persons.	Y	N
8.	Are you currently being disciplined at your place of employment for having committed any act of misconduct? If yes, please provide details.	Y	N
9.	Have you ever been disqualified under any law or rules of LMS to hold the office of Trustee? If yes, please provide details on the nature and date of the disqualification.	Y	N
10.	Removed from any office, position of trust or any position of authority under any law, policy or internal processes? If yes, please provide details.	Y	N

Details if required.....



SECTION 3: DECLARATION AND ACCEPTANCE

I, _____ (name and surname of the

nominee) ID Number: _____ Medimed Medical Scheme

medical aid number: _____ being a member of

Medimed Medical Scheme, hereby declare that:

1. I accept my nomination to stand as a candidate for election to the Board of Trustees of Medimed Medical Scheme.
2. I do so out of my own free will, without any force or coercion and fully aware of the obligations that such an office brings.
3. I have/have not suffered from a mental illness which has rendered me incapable of managing my affairs, institutionalised or otherwise am or have been incapable of managing my affairs due to mental illness.
4. I have/have not been declared insolvent ever in the past and have not surrendered my estate for the benefit of creditors.
5. I have/have never been convicted of theft, fraud, forgery, uttering of a forged document, perjury or any offence involving dishonesty, whether within the Republic of South Africa or elsewhere.
6. I am/am not currently being prosecuted for any criminal offences relating to theft, fraud, forgery, uttering of a forged document, perjury or any offence involving dishonesty, whether within the Republic of South Africa or elsewhere.
7. I have/have never been disqualified under any law from carrying on my profession or removed from a position of trust or any position of authority by any law.
8. I have/have never been dismissed from any employment position due to having committed any act of misconduct.
9. I am/am not currently being disciplined at my place of employment due to having committed any act of misconduct.
10. I have/have not familiarised myself with the requirements for holding an office of trust and declare that I am fit and proper to do so.
11. I confirm that I am not disqualified under any law or the rules of Medimed Medical Scheme to hold the office of Trustee; and
12. I remain in good standing with Medimed Medical Scheme

NOMINEE SIGNATURE

DATE

**DATE SUBMITTED TO
MEDIMED MEDICAL SCHEME**



Registration Number 1506
PO Box 1672 | Port Elizabeth | 6000
7 Lutman Road | Richmond Hill | Port Elizabeth | 6001
✉ info@medimed.co.za | 🌐 www.medimed.co.za
Fax: 0866 755 087 | ☎ 0861 777 660

Full names of the Nominee: _____

Contact details of the Nominee:

Cellular Telephone Number: _____

Work Telephone Number: _____

E-mail Address: _____

Postal Address: _____

Residential Address: _____