

TRUSTEE NOMINATION FORM



21 February 2020

RULES FOR COMPLETION OF THE NOMINATION FORM: MEDSHIELD MEDICAL SCHEME TRUSTEE ELECTIONS 2020

1. PricewaterhouseCoopers Advisory Services (Pty) Ltd (“PwC”) has been appointed by the Board of Trustees of Medshield Medical Scheme (“Medshield/the Scheme”) as the Independent Electoral Body (“IEB”) in respect of the following electoral processes and voting activities:
 - the call for nominations;
 - receiving and vetting of nominations; and
 - overseeing the actual election which will be conducted at the AGM to be held on 30 June 2020.
2. **All nominations must be submitted directly to the IEB** using the attached official Nomination Form. **Any Nomination Forms delivered to the Medshield Office, either by e-mail or hand will not be considered.**
3. Only principal members in good standing with Medshield may nominate and second other principal members (“Nominees”). The person nominating (“Proposer”) and the person seconding (“Secunder”) must sign the Nomination Form and must be principal members in good standing (meaning that their contributions are up to date).
4. Only principal members in good standing with Medshield Medical Scheme are eligible to stand for election. Nominees must be in good standing.
5. A principal member must only nominate one candidate. Principal members must also not nominate themselves to stand for election.
6. The Nomination Form must also be signed by the Nominee (the person being nominated to stand for election) confirming his/her consent to stand for election. The Nominee must also answer all relevant questions, submit all required documents and make all the necessary disclosures as indicated on the Nomination Form.
7. The duly completed and signed Nomination Form, signed by the Proposer, Secunder and Nominee, must be accompanied by a detailed curriculum vitae (CV) of the Nominee. The Nomination Form must be completed fully and properly to ensure that the nomination can be considered. Failure to complete the Nomination Form, or failure to provide any document requested as part of the nomination process, may render the nomination invalid.
8. For the purpose of vetting, the Nominee is required to submit the following documents together with the completed and signed Nomination Form:

• A detailed curriculum vitae	
• A certified copy of the Nominee’s identity document	
• A certified copy of the Nominee’s highest academic qualification	
• Proof of the Nominee’s SARS personal tax clearance	
• A recent high resolution photo of the nominee; and	
• An abridged curriculum vitae of no more than 120 words. The abridged curriculum vitae and a photo will be published in a candidate booklet, which will be made available to all Principal Members of Medshield.	
9. Nominee’s eligibility will be reviewed in terms of the Medical Schemes Act 131 of 1998 (“Act”), read with the Medshield Scheme Rules. The decision will be final and binding.
10. The duly completed and signed Nomination Form, together with the required documents as discussed above, is required to reach the IEB by **no later than 12:00 (midday) on Tuesday, 31 March 2020**. Nomination Forms received after this date and time will not be considered.

11. The Nomination Form and above documents must be forwarded to the IEB either by:
- Email (in PDF format) to za_medshieldelection2020@pwc.com; or
 - Postal submission to **Ms Boitumelo Lekoko – Director: Forensic Services** at **Private Bag X100, Menlo Park, 0102**. Members are required to ensure that the postal submissions reach the IEB by no later than **12:00 (midday) on Tuesday, 31 March 2020**; or
 - Hand delivery, in an envelope clearly marked **Medshield 2020 Trustee Elections, Attention: Ms Boitumelo Lekoko – Director: Forensic Services**, to any of the following PwC offices:
 - PwC Bloemfontein, 61 Second Avenue, Westdene, Bloemfontein
 - PwC Cape Town, 5 Silo Square, V&A Waterfront, Cape Town
 - PwC Durban, 34 Richefond Circle, Ridgeside Office Park, Umhlanga Ridge, Durban
 - PwC East London, Acacia House, Palm Square Business Park, Bonza Bay Road, Beacon Bay, East London
 - PwC eMalahleni (Witbank), Second Floor WCMAS Building, corner of OR Tambo and Susanna Streets, eMalahleni
 - PwC Gauteng, 4 Lisbon Lane, Waterfall City, Jukskei View
 - PwC Kimberley, Royleglen Office Park, PwC Building, corner of Welgevonden Avenue and Memorial Road, Kimberley
 - PwC Mahikeng, 32 Jones Close, Leopard Park, Mmabatho, Mahikeng
 - PwC Middelburg, 11 Dolerite Crescent, Suite D, Middelburg
 - PwC Nelspruit, Block 5, Riverside Office Park, Aqua Street Nelspruit, Mbombela
 - PwC Pietermaritzburg, Block C, 21 Cascades Crescent, Cascades, Pietermaritzburg
 - PwC Port Elizabeth, PwC Building, Ascot Office Park, 1 Ascot Road, Port Elizabeth
 - PwC Robertson, 3 Church Street, Robertson
 - PwC Secunda, Kiewiet Office Park, Block A, corner of Kiewiet and Walter Sisulu Streets, Secunda
 - PwC Stellenbosch, Capital Place, 15-21 Neutron Avenue, Technopark, Stellenbosch or
 - PwC Worcester, corner of Mountain Mill and Eastlake Roads, Worcester
12. The abovementioned PwC offices will only be open between 08:00 and 16:30, Mondays to Fridays, excluding Saturdays, Sundays and public holidays.

All nominations must be submitted using this prescribed Nomination Form and all requirements contained in the Form must be fulfilled to avoid the nomination being disqualified. All Nomination Forms must be delivered directly to the IEB either by email, post or hand as indicated in the Rules for Completion of the Nomination Form.

No Nomination Forms may be delivered to the Medshield Office. Any Nomination Forms delivered to Medshield either by e-mail, post or hand will not be considered.

13. All queries that relate to the nominations and electoral processes must be directed to the IEB on **012 429 0024** or email: za_medshieldelection2020@pwc.com. The IEB will be the only party that will respond to any queries related to the nominations and other electoral processes.

We urge you to strictly adhere to this nomination and submission process.



All nominations must be submitted using this prescribed Nomination Form and all requirements contained in the Form must be fulfilled to avoid the nomination being disqualified. Because the Scheme has appointed PwC as its IEB, all Nomination Forms must be delivered directly to the IEB's email, postal address or physical address as stipulated in the paragraph 11 of the Trustee Nomination Form.

No Nomination Forms may be delivered to the Medshield Office. Any Nomination Forms delivered to Medshield's office either by e-mail, post or hand will not be considered.

SECTION 1: Nomination (to be completed by the Proposer and Seconder)

I, the undersigned, being a principal member of Medshield ("Proposer"), in good standing, do hereby

nominate _____ ("Nominee"), who is a principal member of Medshield, in good standing, to stand for election to serve as a Trustee of Medshield Medical Scheme in accordance with the provisions of the Medshield Scheme Rules.

PROPOSER	
Full Names	
ID No	
Medshield Membership No	
Signature	

SECONDER	
Full Names	
ID No	
Medshield Membership No	
Signature	

SECTION 2: Disclosures (to be completed by the Nominee)

Please tick the relevant box for each question

1. Have you ever been institutionalised in relation to, or suffered from, a mental illness which has rendered you incapable of managing your affairs? <i>If yes, please provide details.</i>	Y	N
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

2. Have you ever been declared insolvent or have you surrendered your estate for the benefit of creditors? <i>If yes, please provide details.</i>	Y	N
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

3. Have you applied for debt counselling or are you/have you ever been under debt review? <i>If yes, please provide details.</i>	Y	N
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

4. Do you have any credit default action(s) pending against you or do you/have you ever had any default judgements against you? <i>If yes, please provide details.</i>	Y	N
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

5. Have you faced any civil litigation and/or do you have any civil judgements against you? <i>If yes, please provide details.</i>	Y	N

6. Have you ever been, or any business in which you have or had a personal interest or exercised influence, subjected to any allegations of crime. Have you ever been arrested, detained, accused, prosecuted and/or convicted of a criminal offence, including the payment of an admission of guilt fine, in the Republic of South Africa or elsewhere, regardless of whether or not it has resulted in a period of imprisonment? <i>If yes, please provide details.</i>	Y	N

7. Have you been, or any business in which you have or had a personal interest or exercised influence, subjected to any allegations or proceedings under any code of conduct or law relating to unethical practice(s)? Have you faced disciplinary action, litigation, or similar remedial action relating to your professional conduct? Have you been disqualified under any law or by any professional body from practicing your profession? <i>If yes, please provide details.</i>	Y	N

8. Have you faced, or are you facing disciplinary or other remedial action in relation to misconduct, or have you been dismissed from any place(s) of employment? <i>If yes, please provide details.</i>	Y	N

9. Have you faced, or are you facing legal, disciplinary or other remedial action that has, or may result in your removal from any office or position of trust? <i>If yes, please provide details.</i>	Y	N

10. Have you ever been disqualified under any law, or the Rules of Medshield, or the rules of any other medical scheme or other institution, from holding the office of Trustee? <i>If yes, please provide details.</i>	Y	N

11. Have you ever been declared ineligible or disqualified as a director in terms of Section 69 of the Companies Act 71 of 2008? <i>If yes, please provide details.</i>	Y	N

12. Have you ever been removed by any Court or any other lawful authority from any office of trust on account of misconduct or any other improper conduct? <i>If yes, please provide details.</i>	Y	N

13. Have you previously held any directorships, trusteeships, been an officer or member of any form of governing body, member of a close corporation, principal officer, executive officer or a member of any board? <i>If yes, please provide details.</i>	Y	N

14. Are you currently holding any directorships or trusteeships? Are you an officer or member of any form of governing body, member of a close corporation, principal officer, executive officer or a member of any board? <i>If yes, please provide details.</i>	Y	N

15. Are you, or have you ever been an employee, director, officer, consultant, contractor, principal officer or other office bearer of any medical scheme? <i>If yes, please provide details.</i>	Y	N

16. Do you have, or have you ever had a material relationship with any person contracted by the Scheme or in the process of tendering to the Scheme to provide administrative, broker, managed healthcare or other services, whether alone or with or through a holding company, subsidiary, joint venture or associate? <i>If yes, please provide details.</i>	Y	N

17. Are you aware of any information not covered by the above questions but which, if known to the medical scheme and/or to Council for Medical Schemes will render you not fit and proper to serve either as a trustee or a principal officer? <i>If yes, please provide details.</i>	Y	N

Should the space provided for your explanations not be sufficient, please feel free to attach additional explanations on a separate page.

SECTION 3: Declaration and Acceptance (to be completed by the Nominee)

I, _____

ID no:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Medshield membership no:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

being a Principal Member of Medshield and in good standing, hereby declare that:

1. I accept my nomination to stand as a candidate for election to the Board of Trustees of Medshield.
2. I do so out of my own free will, without any force or coercion and I am fully aware of the fiduciary duties associated with taking occupation of the office.
3. I declare that the information provided in Section 2 above is complete, true and correct.
4. I confirm that I have familiarised myself with the requirements for holding an office of trust and any form of governing body and declare that I am fit and proper to do so.
5. I confirm that I am not disqualified under any laws of the Republic and/or the Rules of Medshield to hold the office of Trustee.
6. I confirm that I do not have any conflicts of interest under any laws of the Republic, including but not limited to the Medical Schemes Act 131 of 1998 or Rules of Medshield to hold the office of Trustee.
7. I confirm that I remain in good standing with Medshield.
8. I further consent that PwC may conduct any investigation and scrutiny into my background, including the conducting of credit checks, employment history checks, criminal checks, SARS personal tax clearance checks and any other necessary background checks, in order to determine my eligibility to stand for election and to act as a Trustee. I herein provide the necessary consent and information to enable PwC to carry out this task.
9. I accept that failure to comply with the timelines set, may result in disqualification of my nomination to stand for election to the Medshield Board.
10. I accept that if it is found that any information was omitted/withheld for any reason, or information that has been supplied is false, I may be disqualified from standing for election.

Nominee signature

Full names of nominee: _____

Contact details of nominee

Telephone number (H): _____

Telephone number (W): _____

Cell phone number: _____

E-mail address: _____

Postal address: _____

Residential address: _____