PROXY FORM

53rd Annual General Meeting

MEDSHIELD medical scheme

A copy of the signed proxy form and a certified copy of your identity document must be returned to: **The Principal Officer, Medshield Medical Scheme, PO Box 4346, Randburg, 2125 or Telefaxed to 010 597 4900 or E-mailed to agmproxy@medshield.co.za, to reach the Scheme on or before 16h00 on Thursday, 23 June 2022.**

Please take note of the following Rules that are applicable to the Proxy Appointment Process. By submitting this form to the Scheme, the Proxy Appointer agrees that he/she has noted and adhered to these Rules.

- Only Principal members in good standing may appoint another Principal member in good standing as a proxy;
- The proxy is applicable for voting on resolutions/business of the day as set out in the AGM agenda. This means that a member who appoints **(Proxy Appointer)** another member as a proxy **(Proxy Holder)** grants the Proxy Holder the mandate to vote on matters as per the Agenda items. The Proxy Appointer may only **appoint one Proxy Holder**;
- The Proxy Holder may only **hold one Proxy**. It is therefore vital for the Proxy Appointer to discuss the granting of the proxy with the Proxy Holder before completing this form. If the Proxy Holder already holds a proxy for another member, the proxy will be rendered invalid;
- Once a member has appointed a Proxy Holder, the Proxy Appointer cannot vote for the Resolutions, as this effectively means he/she has given their right to vote to the Proxy Holder;
- The Proxy Appointer is precluded from voting and attending the AGM;
- If a member has appointed a Proxy Holder, and then attends and votes at the AGM, the proxy will be disregarded and will be disqualified; and
- The appointing Principal member (Proxy Appointer) must sign the proxy form.

All information required on the proxy form must be completed. Failure to do so may invalidate the proxy form. All information supplied on the completed proxy form shall be verified. Decisions made by the Scheme in respect of the validity of submitted proxy forms will be final and binding.

I, _____

(PRINCIPAL MEMBER'S FULL NAME AND SURNAME IN BLOCK LETTERS)

ID Number: | | | | | | | | | | | | | |

attach a certified copy of your Identity Document

Medshield Membership Number: | | | | | | | | | | | | | |

Hereby Appoint _____

(PROXY'S FULL NAME AND SURNAME IN BLOCK LETTER)

Proxy's ID Number: | | | | | | | | | | | | | |

Proxy's Medshield Membership Number: | | | | | | | | | | | | | |

My proxy is hereby appointed to vote on my behalf. I acknowledge that I am aware that no member may act as proxy on behalf of more than one member and, if he/she holds more than one proxy, he/she will not be able to act on my behalf. I hereby consent that my proxy can vote on my behalf for the AGM Resolutions as presented by the Scheme.

Signed on this: _____ Day of _____ 2022.

Signature: _____

Telephone Number: | | | | | | | | | | | | | | | | |