



# **NOMINATION FORM**

## **MEMBER ELECTED TRUSTEE**

### **ANNUAL GENERAL MEETING**

### **13 June 2018**

Suremed Health Members have the right to propose a nominee, to fill vacancies on the Suremed Board of Trustees.

The Scheme rules apply, and the following should be noted;

- Retiring Members of the Board are eligible for re-election.
- The Proposer and Secunder should be members of the Scheme.
- The Proposer and Secunder should sign the nomination form.
- The Proposer and Secunder should be in good standing with the Scheme.
- The candidate should be a member of the Scheme.
- The candidate should be in good standing with the Scheme.
- The candidate should sign the nomination form, to signify his/her consent to stand for election.
- The candidate should submit his/her current *curriculum vitae* together with the nomination form.
- The candidate should be committed to the rules of the Scheme, avoid conflict of interests, and must declare any interest he/she may have in any particular matter serving before the Board.
- The Board has appointed the Auditors, to assist in this process as overseer of deliberations, and the voting process.



**Being a Principal Member of Sured Health;**

I (Name in block letters) .....

Member Number .....

Address .....

**Secunder;**

(Full name in block letters) .....

Member Number .....

Address .....

**Hereby nominate;**

(Full name in block letters) .....

Member Number .....

Address .....

Signed at .....on this the.....day of ..... 2018

.....  
Nominator

.....  
Secunder

.....  
Nominee

**NOTE;** Copy of *curriculum vitae* of nominee must be attached together with certified copies of the nominee's identity document and full supporting documentation.

Nominations to be submitted before the Annual General Meeting and must reach the Principal Officer **not later than 12h00 on 06 June 2018**. Nominations may be posted to the Principal Officer, P.O.BOX 1672, Port Elizabeth, 6000 or 7 Lutman Street, Richmond Hill, Port Elizabeth, 6001 or emailed to SuremedPO@providence.co.za.

**S JONES**

Fund Co –Ordinator 2 May 2018



DISCLOSURES (TO BE COMPLETED BY THE PROSPECTIVE NOMINEE)

	QUESTION	YES/NO	IF YES, PLEASE GIVE REASONS/OR DETAILS
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.		
2	Have you ever been declared insolvent or have you surrendered your estate for the benefit of creditors?		
3	Have you ever been convicted of a criminal offence in the Republic of South Africa or elsewhere? If yes please provide details of the offence and date of conviction.		
4	Are you currently being prosecuted for any criminal offence in the Republic of South Africa or elsewhere?		
5	Have you ever been removed by the Court from any office of trust on account of misconduct?		
6	Have you ever been disqualified under any law from practicing your profession? Please provide the nature and date of the disqualification.		
7	Have you ever been dismissed from your place of employment?		
8	Are you currently being disciplined at your place of employment for having committed any act of misconduct?		
9	Have you ever been disqualified under any law or rules of Suremed Health to hold the office of Trustee?		
10	Have you ever been removed from any office, position of trust or any position of authority?		



: DECLARATION AND ACCEPTANCE

I, \_\_\_\_\_ (name and surname of nominee)

ID no:

Membership no:

being a Principal Member of Suremed Health hereby declare that:

1. I accept my nomination to stand as a candidate for election to the Board of Trustees
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, institutionalized 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 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 Suremed Health to hold the office of Trustee; and
12. I remain in good standing with Suremed Health.

I further consent that Suremed Health may conduct any investigation into my background, including the conducting of credit checks, employment history checks, criminal checks and other necessary background checks in order to determine my eligibility to act as a trustee. In this regard, I will promptly make myself available for due processes relating to the abovementioned background checks and hereby authorise any such agency, person or entity as may have such personal information pertaining to me to disclose such information to Suremed Health for purposes of obtaining such information as may be required to complete the vetting regarding my eligibility to be considered as a candidate to be elected to the Board of Trustees of Suremed Health

Please note, that if it is found that any information that has been supplied is false, then the candidate may be disqualified from standing for election.

- NOMINEE SIGNATURE .....
- Full names of Nominee .....
- Contact details of Nominee .....
- Telephone Number (H) .....
- Telephone Number (W).....
- Cellphone Number .....
- E-mail Address .....
- Postal Address .....
- Residential Address .....  
.....  
.....