



PROXY FORM ANNUAL GENERAL MEETING 26 AUGUST 2020

I (Name in block letters)

Member Number

Address.....

Being a Principal Member of Suremed Health, hereby appoint:

1.

ofor failing him/her

2.

ofor failing him/her

The Chairman 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 14:00 on 26th August 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 emailed to the Principal Officer, Mr. Jeff Slome at PO@suremedhealth.co.za and to be received no later than 12h00 on 14 August 2020.