



Registration Number 1464
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BALLOT FORM

NOTICE OF PROPOSED AMALGAMATION OF COMPCARE MEDICAL SCHEME (“COMPCARE”) AND SUREMED MEDICAL SCHEME (“SUREMED”)

I, _____ (Full names and surname of principal member) hereby declare that I am a principal member of Suredmed.

Membership Number:														
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ID Number/Passport Number:														
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I wish to vote as follows:

I am in favour of the amalgamation of CompCare Medical Scheme and Suredmed Medical Scheme	<input type="checkbox"/>
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I am not in favour of the amalgamation of CompCare Medical Scheme and Suredmed Medical Scheme	<input type="checkbox"/>
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I acknowledge that I am aware that the exposition document submitted to the Council for Medical Schemes relating to the proposed amalgamation is available for viewing at the following offices:

Suredmed Health
 MomentumTYB Building
 Lutman Street
 Ground Floor
 Richmond Hill
 Port Elizabeth
 6001

Council for Medical Scheme Offices
 Block A, Eco Glades 2 Office Park
 420 Witch-Hazel Avenue
 Eco Park
 Centurion
 0157

Signed at _____ on this _____ day of _____ 2023.

Signature _____