

FORM OF PROXY



Thebemed Scheme Reg No. 410

Isle of Houghton, Old Trafford 4 Building, Ground Floor
Cnr Boundary Rd & Carse O'Gowrie Rd,
Houghton, Johannesburg
Tel: 0861 84 32 36
Email: callcentre@thebemed.co.za

I _____ being a member of the scheme,
do hereby appoint (please tick):

Member Name: _____

Membership Number:

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 Signature _____

or

The Chairman of the meeting,

As my proxy to vote for me on my behalf at the Annual General Meeting which will be held at 11h00 on Thursday 27th June 2019.

1. A member entitled to attend and vote at the meeting is entitled to appoint a proxy, who must be either a member of the scheme, to attend, speak and vote in his/her stead for all matters apart from election of trustees in terms of rule 18.2. Trustees can only be elected by members present at the AGM or SGM if applicable.
2. Any alteration made on this proxy must be initialed.
3. Incomplete forms will be declared null and void.

Membership Number:

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 Signature _____

Signed at _____ on _____ 2019

This proxy form is to be completed and returned by post to:

The Principal Officer
P O BOX 4709
Johannesburg
2000

NOTE: In order to be effective, duly completed forms of proxy must be received by no later than seven days prior to the meeting which is 21st June 2019