



POLMED[®]

OUR INVESTMENT OUR HEALTH OUR FUTURE

2023 POLMED Board of Trustees Election



Candidate Nomination Form

Section 1:

To be completed by the Proposer

I, _____

(PLEASE PRINT YOUR NAME AND SURNAME IN BLOCK LETTERS)

POLMED Membership No: _____ ID No: _____

(SIGNATURE OF PROPOSER)

(CONTACT NUMBER)

(DATE OF SIGNATURE)

hereby nominate the listed members below to stand as Candidates in the POLMED 2023 Board of Trustees Election in terms of Rule 18.2 of the Registered Rules of the Scheme.

Section 2:

To be completed by the Nominees

1. CONTINUATION MEMBER: BLACK FEMALE NOMINEE

Name(s) & Surname: _____

POLMED Membership No: _____ ID No: _____

Contact No: _____ | Email Address: _____

2. SERVING MEMBER: BLACK FEMALE NOMINEE (1)

Name(s) & Surname: _____

POLMED Membership No: _____ ID No: _____

Contact No: _____ | Email Address: _____

3. SERVING MEMBER: BLACK FEMALE NOMINEE (2)

Name(s) & Surname: _____

POLMED Membership No: _____ ID No: _____

Contact No: _____ | Email Address: _____

4. SERVING MEMBER: BLACK MALE NOMINEE

Name(s) & Surname: _____

POLMED Membership No: _|_|_|_|_|_|_|_|_|_| | ID No: _|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Contact No: _____ | Email Address: _____

5. SERVING MEMBER: WHITE MALE NOMINEE

Name(s) & Surname: _____

POLMED Membership No: _|_|_|_|_|_|_|_|_|_| | ID No: _|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Contact No: _____ | Email Address: _____

The closing date for nominations is 31 March 2023 at 17h00

The completed nomination form must be returned to the Returning Officer on or before Friday, 31 March 2023 at 17h00 as follows:

Email: polmed2023@electionsagency.co.za | Fax Number: 086 678 4123 | Hand Delivery: The Elections Agency, 2nd Floor, 104 Oxford Building, 11 - 9th Street, Houghton Estate, 2198 | For election related queries only, contact 0860 866 335

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