

# 2024 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](mailto:polmed2023@electionsagency.co.za) | Fax Number: 086 678 4123 | Hand Delivery: The Elections Agency, 2<sup>nd</sup> Floor, 104 Oxford Building, 11 - 9<sup>th</sup> Street, Houghton Estate, 2198 | For election related queries only, contact 0860 866 335

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