



# 2024 ANNUAL GENERAL MEETING: SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME (“POLMED”)

## PROXY FORM IN TERMS OF RULE 27(1) AND (2) OF POLMED RULES

I, \_\_\_\_\_  
(PLEASE PRINT FULL NAMES)

with POLMED membership number:

appoint \_\_\_\_\_  
(PLEASE PRINT FULL NAMES)

with POLMED membership number:

as my proxy to attend, speak and/or vote in my stead at the Annual General Meeting (“AGM”), which will be held at **Kalahari WaterFront, Nandoni Ha-Budeli, Vhembe District, Thohoyandou** on **11 July 2024** in **Limpopo Province** at **10h00** for the purpose of considering the business for which the AGM is scheduled for in accordance with the POLMED Rules, including attending to resolutions as deemed fit.

I confirm that my nominated proxy has been informed to bring a valid South African Identity Document, Smart Identity Card, Passport or Drivers Licence to the AGM.

Further, I have advised my proxy to comply with the POLMED Rules at the AGM throughout the proceedings of the day.

Signed at \_\_\_\_\_

Date of signature.

**(Signature of member granting the proxy)**

Signed at \_\_\_\_\_

Date of signature.

**(Signature of member accepting the proxy)**

The detailed instructions are outlined below:

# INSTRUCTIONS

### FOR THE APPOINTMENT OF A PROXY AND SIGNATURE THEREOF

**NOTES:**

- Each POLMED member is entitled to appoint one other member of POLMED as a proxy to attend, speak and/or vote either in a poll or by show of hands in place of the member at the AGM.
- Each duly appointed proxy can represent up to a maximum of 2 (two) members that are in good standing at the AGM. Therefore, this proxy form must be completed only by those members who are not in arrears with their contributions.
- Note that each proxy form will be personalised with a Unique Proxy Reference Number that is linked to the member’s membership number. A member must therefore ensure that the form has member’s **(a) full name, (b) surname, (c) membership number and a unique proxy reference number**. The form and the reference number will be sent to you by email and/or sms.
- In addition, a member must insert the full name, surname and membership number of a proxy of the member’s choice in the space provided in the form. Only the person whose name and membership number appears on the proxy form and who is present at the AGM, shall be entitled to act as a proxy.
- A member who has assigned another member as a proxy shall not be allowed to attend the same AGM unless the said proxy has been withdrawn in which case, a written notice of withdrawal signed by both parties must be submitted to the Principal Officer by 14h00 before the date of the AGM (10 July 2024).
- Any alterations or corrections to the proxy form must be initialed by the signatories (both member and proxy).
- Only fully completed and signed original forms, not copies or faxes will be accepted.
- All information supplied on the proxy form shall be validated before acceptance of the proxy’s attendance and participation at the AGM. **No proxy form without a unique reference number shall be accepted and will therefore be declared invalid. Further, no proxy form shall be accepted after 04 July 2024 nor on the day of the AGM.** Proxy forms may be posted to: The Principal Officer, PO Box 14812, Hatfield, Pretoria, 0028; hand delivered at Crestway Office Park, Block A, 20 Hotel Street, Persequor Park, Lynnwood, Pretoria, 0081; or sent by email to: 2023agm@polmed.co.za not later than 12h00, seven (7) calendar days (04 July 2024) before the date of the AGM.