

Proxy Form

Fedhealth Medical Scheme Annual General Meeting Wednesday 26 June 2019 at 13:00

I, _____
(NAME IN BLOCK LETTERS)

being a member of the Fedhealth Medical Scheme hereby appoint the Chairperson of the meeting to act as my proxy to vote on my behalf at the Annual General Meeting of the Scheme to be held on Wednesday, 26 June 2019 at 13:00.

Signed this _____ day of _____ 2019

Signature of member _____

Contact number of member _____

Membership number _____

Proxy holder _____

Membership number of proxy holder _____

1. A member entitled to attend and vote at the meeting is entitled to appoint a proxy who must be a member, to attend, speak and on a poll, vote in his/ her stead.
2. This original proxy form must reach the Office of the Administrators for the attention of Umita Govender, Fedhealth Office, Block F, 35 Conrad Street, Florida North, Roodepoort by no later than 48 hours prior to the meeting.
3. Any alteration made on this proxy form must be initialled.