



MEDSHIELD

medical scheme

Partner for Life

2026 AGM

Trustee Nomination Form

For nomination to serve as a Trustee on the
Medshield Medical Scheme Board of Trustees

March 2026

RULES FOR COMPLETION OF THE NOMINATION FORM

1. The Board of Trustees of Medshield Medical Scheme (Medshield / the Scheme) has appointed Independent Governance Specialists (Pty) Ltd (IGS) as the Independent Electoral Body (IEB).
2. The IEB is responsible for the following nominations, electoral and voting activities:
 - Call for nominations;
 - Receiving and vetting of nominations;
 - Conducting background checks to vet candidates in terms of their fitness and propriety;
 - Preparation of final candidate list;
 - Validating proxies; and
 - Overseeing the actual election which will be conducted at the AGM to be held on 31 July 2026.
3. **All nominations must be submitted directly to the IEB** using the attached prescribed nomination form. **Any nomination forms delivered to Medshield, either by e-mail or hand, will be disqualified.**
4. Only principal members in good standing with Medshield may nominate and second other principal members (“Nominees”). The person nominating (“Proposer”) and the person seconding (“Secunder”) must sign the Nomination Form and must also be principal members in good standing (meaning that their contributions are up to date).
5. Only principal members in good standing with Medshield are eligible to stand for election. Nominees must be in good standing on the date and time of closing for nominations and remain so until the date of the elections.
6. A principal member may only nominate one candidate. Principal members may not nominate themselves to stand for election.
7. The Nomination Form must also be signed by the Nominee (the person being nominated to stand for election) confirming his/her consent to stand for election. The Nominee must also answer all relevant questions, submit all required documentation, and make all the necessary disclosures, as indicated on the Nomination Form and disclose any matter that may impact on their fitness and propriety to serve as a Trustee.
8. The duly completed and signed Nomination Form, signed by the Proposer, Secunder and Nominee, must be accompanied by a detailed curriculum vitae (CV) of the Nominee. The nomination form must be completed fully and accurately to ensure that the nomination can be properly considered. Failure to complete the Nomination Form, or failure to provide any document requested as part of the nomination process, may lead to a nomination being disqualified.
9. Rule 18.14 provides as follows: *By agreeing to stand as a candidate to be elected as Trustee, the candidate agrees that the Scheme may conduct any investigations into his/her background, person or conduct, and may include, without limitation, credit checks, background checks, employment history, criminal records and the like, with a view to determining whether the candidate qualifies to act as a Trustee of the Scheme should the candidate be elected as such.*

10. For the purpose of vetting the nominations, the Nominee is required to submit the following documents together with the completed and signed Nomination Form: Section 1:

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| 10.1 | A detailed <i>curriculum vitae</i> of the Nominee; | |
| 10.2 | A certified copy of the Nominee's identity document; | |
| 10.3 | A certified copy of the Nominee's highest academic qualification(s); | |
| 10.4 | Proof of the Nominee's South African Revenue Service ("SARS") personal tax clearance; | |
| 10.5 | A recent colour high-resolution photo of the Nominee (jpeg format, not larger than 2MB, head and shoulders, neutral and solid background); | |
| 10.6 | An abridged <i>curriculum vitae</i> / manifesto / biography of no more than 300 words (in a Word document) in terms of your qualifications / skills / services and why members should vote for you, to be published in a candidate booklet for all successfully vetted candidates along with their photos, and which will be made available to all principal members of Medshield prior to the AGM for purposes of the elections; | |
| 10.7 | Completion of the Nomination Form: Section 2 – Disclosures; | |
| 10.8 | Completion and signing of the Nomination Form: Section 3 – Declaration and Acceptance. | |

11. The IEB will conduct the vetting in respect of each Nomination Form received, as well as conduct background checks, and will assess the nominee against the eligibility criteria for a fit and proper Trustee in terms of the Medical Schemes Act 131 of 1998 ("Act"), read with the Medshield Scheme Rules. The decision of the IEB will be final and binding.
12. The duly completed and signed Nomination Form, together with the required documents as discussed above, must reach the IEB by **no later than 12:00 (midday) on Thursday 30 April 2026**. Nomination forms received after this date and time will not be considered.
13. The Nomination Form and above documents should be submitted to the IEB by email (in PDF Format) to **elections@igspecialists.co.za**.
14. All queries relating to the nominations and electoral processes must be directed to the IEB via email at **elections@igspecialists.co.za** or cell phone / WhatsApp on **083 791 1917** or **083 628 3698**. The IEB will be the only party that will respond to any queries related to the nominations and other electoral processes.

We urge you to strictly adhere to this nomination and submission process.

NOMINATION FORM



All nominations must be submitted using this prescribed Nomination Form and all requirements contained in the form must be fulfilled to avoid the nomination being disqualified. All Nomination Forms must be delivered directly to the IEB by email as indicated in the Rules for Completion of the Nomination Form.

No nomination forms may be delivered to Medshield. Any Nomination Forms delivered to Medshield either by e-mail, post or hand will be disqualified.

SECTION 1: NOMINATION (to be completed by the Proposer and Secunder)

I, the undersigned, being a principal member of Medshield ("Proposer"), in good standing, do hereby nominate _____ ("Nominee"), who is a principal member of Medshield with membership number _____, in good standing, to stand for election to serve as a Trustee of Medshield Medical Scheme in accordance with the provisions of the Medshield Scheme Rules.

| PROPOSER | |
|--------------------------|--|
| Full Names: | |
| ID No: | |
| Medshield Membership No: | |
| Signature: | |

| SECONDER | |
|--------------------------|--|
| Full Names: | |
| ID No: | |
| Medshield Membership No: | |
| Signature: | |

SECTION 2: DISCLOSURES (to be completed by the Nominee – each page to be signed)

Please tick the relevant box for each question

| | | |
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| <p>1. Have you ever, in terms of any legislation, been declared mentally ill or incapable of managing your affairs, or been institutionalised in relation to, or suffered from, a mental illness that has rendered you incapable of managing your affairs? <i>If yes, please provide details.</i></p> | Y | N |
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| <p>2. Have you ever been declared insolvent or have you surrendered your estate for the benefit of creditors? <i>If yes, please provide details.</i></p> | Y | N |
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| <p>3. Have you applied for debt counselling or are you / have you ever been under debt review? <i>If yes, please provide details.</i></p> | Y | N |
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| <p>4. Do you have any credit default action(s) pending against you or do you / have you ever had any default judgments against you? <i>If yes, please provide details.</i></p> | Y | N |
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| 5. Have you faced any civil litigation and / or do you have any civil judgments against you? <i>If yes, please provide details.</i> | Y | N |
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| 6. Have you, or any business in which you have or had a personal interest or exercised influence, ever been subjected to any allegations of crime including but not limited to theft, fraud, forgery, perjury, corruption, etc? Have you ever been arrested, detained, accused, prosecuted and / or convicted of a criminal offence, including the payment of an admission of guilt fine, in the Republic of South Africa or elsewhere, regardless of whether or not it has resulted in a period of imprisonment? <i>If yes, please provide details.</i> | Y | N |
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| 7. Have you, or any business in which you have or had a personal interest or exercised influence, ever been subjected to any allegations or proceedings under any code of conduct or law relating to unethical practice(s)? Have you faced disciplinary action, litigation, or similar remedial action relating to your professional conduct, including having been found to be negligent or derelict in a position of trust? Have you been disqualified under any law or by any professional body from practicing your profession? <i>If yes, please provide details.</i> | Y | N |
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| 8. Have you faced, or are you facing, disciplinary or other remedial action in relation to misconduct, or have you been dismissed from any place(s) of employment? <i>If yes, please provide details.</i> | Y | N |
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| 9. Have you faced, or are you facing, legal, disciplinary or other remedial action that has, or may result, in your removal from any office or position of trust? <i>If yes, please provide details.</i> | Y | N |
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| 10. Have you ever been disqualified under any law, or the Rules of Medshield, or the rules of any other medical scheme or other institution, from holding the office of Trustee? <i>If yes, please provide details.</i> | Y | N |
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| 11. Have you ever been declared ineligible or disqualified as a director in terms of Section 69 of the Companies Act 71 of 2008? <i>If yes, please provide details.</i> | Y | N |
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| 12. Have you ever been removed, or faced removal, by any Court or any other lawful authority from any office of trust on account of misconduct or any other improper conduct or allegations of such? <i>If yes, please provide details.</i> | Y | N |
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| 13. Have you previously held any directorships, trusteeships, been an officer or member of any form of governing body, member of a close corporation, principal officer, executive officer or a member of any board? <i>If yes, please provide details.</i> | Y | N |
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| 14. Are you currently holding any directorships or trusteeships? Are you an officer or member of any form of governing body, member of a close corporation, principal officer, executive officer or a member of any board? <i>If yes, please provide details.</i> | Y | N |
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| 15. Are you, or have you ever been an employee, director, officer, consultant, contractor, principal officer or other office bearer of any medical scheme? <i>If yes, please provide details.</i> | Y | N |
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| 16. Do you have, or have you ever had, a material relationship with any person contracted by the Scheme, or in the process of tendering to the Scheme, to provide administrative, broker, managed healthcare or any other services, whether directly or indirectly through a holding company, subsidiary, joint venture or associate? <i>If yes, please provide details.</i> | Y | N |
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| 17. Do you have any relationship, business or personal, with any of the other Candidates or current Trustees? <i>If yes, please provide details, including with whom and in what capacity.</i> | Y | N |
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| 18. Are you aware of or do you have any conflicts of interests with any member / officer of the Scheme or any persons / parties contracted to the Scheme? <i>If yes, please provide details.</i> | Y | N |
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| 19. Are you aware of any information not covered by the above questions but which, if known to the Scheme and/or to Council for Medical Schemes, may impact your fitness and propriety, or may render you not fit and proper to serve either as a trustee or a principal officer? <i>If yes, please provide details.</i> | Y | N |
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Should the space provided for your explanations not be sufficient, please feel free to attach additional explanations on a separate page.

SECTION 3: DECLARATION AND ACCEPTANCE (to be completed by the Nominee)

I, _____

ID no:

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Medshield membership no:

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being a Principal Member of Medshield and in good standing, hereby declare that:

1. I accept my nomination to stand as a candidate for election to the Board of Trustees of Medshield.
2. I do so out of my own free will, without any force or coercion and I am fully aware of the fiduciary duties associated with taking occupation of the office.
3. I declare that the information provided in Section 2 above is complete, true and correct.
4. I confirm that I have familiarised myself with the requirements for holding an office of trust and any form of governing body and declare that I am fit and proper to do so.
5. I confirm that I am not disqualified under any laws of the Republic and/or the Rules of Medshield to hold the office of Trustee.
6. I confirm that I do not have any conflicts of interest under any laws of the Republic, including but not limited to the Medical Schemes Act 131 of 1998 or Rules of Medshield, to hold the office of Trustee.
7. I confirm that I remain in good standing with Medshield.
8. I further consent that Independent Governance Specialists (Pty) Ltd (IGS), in its capacity as the Independent Electorate Body (IEB), and PricewaterhouseCoopers Advisory Services (Pty) Ltd (PWC), in its capacity as the Electoral Auditor, may conduct any investigation and scrutiny into my background, person or conduct, including the conducting of credit checks, employment history checks, criminal checks and any other necessary background checks, in order to determine my eligibility to stand for election and to act as a Trustee. I herein provide the necessary consent and information to enable IGS and PWC to carry out this task and consent to IGS, PWC, Medshield and their affiliated parties to store and process my personal information for this purpose.
9. I accept that failure to comply with the timelines set, may result in disqualification of my nomination to stand for election to the Medshield Board.
10. I accept that if it is found that any information was omitted/withheld for any reason, or information that has been supplied is false, I may be disqualified from standing for election.

Nominee signature

Full names of the Nominee: _____

Contact details of the Nominee:

Telephone number (H): _____

Telephone number (W): _____

Cell phone number: _____

E-mail address: _____

Postal address: _____

Employer: _____

Employer address: _____

Position Held: _____

Residential address: _____