

## MEMBER TRUSTEE NOMINATION FORM

### SECTION 1: PARTICULARS OF THE PROPOSER

(To Be Completed By The Principal Member Nominating Another Member In Good Standing).

I, _____	_____
ID No.: _____	Sizwe Hosmed Membership Number: _____
hereby nominate _____	

(PLEASE PRINT THE NAMES AND SURNAME OF THE PERSON YOU ARE NOMINATING)

to stand as a Candidate in the Sizwe Hosmed Medical Scheme 2024 Trustee Elections conducted in terms of Rule 19 of the Sizwe Hosmed Medical Scheme Registered Rules.

_____	D   D   M   M   Y   Y   Y   Y
Member's Signature	Date

Contact No.: _____	Email: _____
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### SECTION 2: PARTICULARS OF THE CANDIDATE & NOMINATION ACCEPTANCE

(PLEASE PRINT FULL NAMES OF CANDIDATE - PROSPECTIVE CANDIDATE)

I, _____	_____
ID No.: _____	Sizwe Hosmed Membership Number: _____

hereby give notice that I accept my nomination to stand for election as a Candidate to fill the position of Trustee on the Board of Trustees of Sizwe Hosmed Medical Scheme. I declare that I am not precluded to be a candidate by Rule 19. I further accept that a duly completed CV Form, ID size photograph and certified copy of my ID will accompany this Nomination Form on submission and that failure to do so will nullify my nomination as a Trustees of Sizwe Hosmed Medical Scheme.

_____	D   D   M   M   Y   Y   Y   Y
Member's Signature	Date

Contact No.: _____	Email: _____
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### SECTION 3: PARTICULARS OF THE SECONDER

(To Be Completed By The Person Supporting This Nomination Who Is In Good Standing)

I, _____	_____ hereby declare my support for this nomination.
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(FULL NAMES OF THE SECONDER)

ID No.: _____	Sizwe Hosmed Membership Number: _____
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_____	D   D   M   M   Y   Y   Y   Y
Member's Signature	Date

Contact No.: _____	Email: _____
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**PLEASE NOTE:** For a nomination to be valid, the Proposer, Candidate and Secunder must complete their sections in FULL and MUST BE PRINCIPAL MEMBERS IN GOOD STANDING. The completed Nomination Form and accompanying documentation must reach the Returning Officer BY NO LATER THAN 17H00 24<sup>th</sup> JUNE 2024 as follows:

The Electoral Officer Sizwe Hosmed 2024 Board of Trustees Election, through any of the following methods:  
 Post to: PostNet Suite 309, Private Bag X21, Bryanston, 2021.  
 Contact No.: 010 443 2057  
 Fax to: 086 531 8267  
 Scan & Email to: elections@kwandlunkulu.co.za  
 Deposit into a Nomination Box situated at designated Pay Points.