TRUSTEE NOMINATION FORM

EMPLOYEE MEMBER REPRESENTATIVE 2026-2030



1. MEMBER NOMINATION SECTION (TO BE COMPLETED BY NOMINATOR AND SECONDER)

NOMINATOR																						
l,																						
(Nominator's fu	 name	and s	urnan	ne)																		
an Employee member																						
of (name of entity)										<u> </u>		l]										
Membership number																						
hereby nominate																						
an Employee member	(Nomi	nee's	full na	ame a	nd sur	name)															
an Employee member of (name of entity)																						
Nominee's membership	Nominee's membership number]							
as a nominee to stand	or elec	tion to	o the E	Bestm	ed Me	dical !	Schem	ne Boa	rd of T	ruste	es.				-							
									_			Si	gned c	n	D	D	М	М	Υ	Υ	Υ	Υ
Nominator's signature									,		,	,	,	-								
Nominator's telephone	numbe	r																				
By completing this form in your capacity as a Nominator, you acknowledge that you understand that you are providing Bestmed Medical Scheme with the above personal information and agree to the terms of Bestmed Medical Scheme's Data Protection and Privacy Policy. You furthermore acknowledge that Bestmed Medical Scheme and/or the																						
Independent Electoral Bod your membership status a	y duly ap	pointe	d for th	ne 202	6 electi	ons wi	ll proce	ss your	persor	nal info	rmatio	n for th	e purp	ose of e	evaluat	ing you	ır mem	bership	profile	in ord	er to es	tablish
welcome to contact Bestm																						
SECONDER																						
l, [<u> </u>																				
(Seconder's full an Employee member	name a	ınd su	rname	⊇) 																		
of (company)																						
Membership number																						
hereby second the non	ninatior	n of																				
				(Nom	inee's	full n	ame a	nd sur	name))				,			,	,				
as a nominee to stand	for elec	tion t	o the E	Bestm	ed Me	edical	Schen	ne Boa	rd of 1	Γruste	es.											
																		1	Т	1		
									_			Si	gned o	n	D	D	M	M	Υ	Υ	Υ	Υ
Seconder's signature	umber								_			Si	gned o	on	D	D	M	М	Υ	Υ	Υ	Υ
Seconder's telephone r		nacity:	25.3500	conder	VOIL 20	·knowle	adge th	nat vou		tand th	nat vou							<u> </u>				Y
Seconder's telephone r By completing this form in and agree to the terms of	your cap Bestme	d Med	lical Scl	heme's	Data	Protect	ion an	d Priva	cy Polic	y. You	furthe	are pro	oviding acknow	Bestme	ed Med	lical Sc	heme v	vith the	above eme and	persor d/or th	nal infor	endent
Seconder's telephone r	your cap Bestme nted for according	the 2	lical Scl 026 ele validit	heme's ections by of y	Data l will pour sec	Protect rocess conding	tion and your p	d Priva ersona e nomi	cy Polic I inforn nation.	y. You nation Should	further for the	are pro	oviding acknow ise of e	Bestme rledge t evaluati	ed Med that Be ing you o the p	lical Sc estmed ir men	heme v I Medic nbershi sing of	vith the al Sche	above eme and le in or ersona	persor d/or th der to I inforr	nal infor e Inder establi nation	endent sh your for this

- Block A, Glenfield Office Park, 361 Oberon Avenue, Faerie Glen, Pretoria, 0081, RSA PO Box 2297, Pretoria, 0001, RSA
 Client service 086 000 2378 Fax +27 (0)12 472 6500 E-mail service@bestmed.co.za www.bestmed.co.za Reg no. 1252

2. NOMINEE DISCLOSURES SECTION (TO BE COMPLETED BY NOMINEE)

To be completed by the nominee. If you answered "yes" to any of the questions (Q3 - Q24), please provide your explanations on the separate pages provided at the end of this form and refer to the respective question number.

QUE	STION	Indicate v	vith an "X"
1.	Are you older than 21 years of age?	Yes	No
2.	Are you a citizen of, or permanent resident in the Republic of South Africa?	Yes	No
3.	Are you an employee, director, officer, consultant or contractor of the Scheme or of any person contracted by the Scheme to provide administrative, marketing or managed healthcare or other services, whether alone or with or through a holding company, subsidiary, joint venture or associate?	Yes	No
4.	Are you a broker or an employee, director or officer of a person that provides broker services?	Yes	No
5.	Do you have any relation with Bestmed via any family or business interest?	Yes	No
6.	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, marketing, broker, managed healthcare or other services, whether alone or with or through a holding company, subsidiary, joint venture or associate?	Yes	No
7.	Are you employed by the external auditor of the Scheme?	Yes	No
8.	Are you, or have you ever been an employee, director, officer, consultant, contractor, principal officer or other office bearer of any medical scheme or an administrator of that Scheme?	Yes	No
9.	Are you an employee of Bestmed, or have you left the employ of Bestmed in the past five years?	Yes	No
10.	Are you related to an employee of Bestmed, or a person who has left the employ of Bestmed in the past five years?	Yes	No
11.	Have you ever been disqualified under any law, or the Rules of Bestmed, or the rules of any other medical scheme or other institution, from holding the office of trustee?	Yes	No
12.	Have you ever been removed from any office, position of trust or any positions of authority under any law, policy or internal process?	Yes	No
13.	Have you ever suffered from a mental illness which has rendered you incapable of managing your affairs, been institutionalised or otherwise have been or are incapable of managing your affairs due to mental illness?	Yes	No
14.	Have you applied for debt counselling or counselling, or are you /have ever been under debt review or ever been declared insolvent or surrendered your estate for the benefit of creditors?	Yes	No
15.	Do you have any credit default action(s) pending against you or any default judgements against you?	Yes	No
16.	Have you ever been convicted of a criminal offence, including the payment of an admission of guilt fine, in the Republic of South Africa or elsewhere, which may or may not have resulted in a period of imprisonment?	Yes	No
17.	Have you ever been arrested, detained, accused, charged or prosecuted for a criminal offence, in the Republic of South Africa or elsewhere, regardless of whether or not it has resulted in a conviction or period of imprisonment?	Yes	No
18.	Have you been, or any business in which you have or had a personal interest or exercised influence, subjected to any allegations of a crime or proceedings under any code of conduct or law relating to unethical practice(s)?	Yes	No
19.	Have you had any court judgement, in the Republic of South Africa or elsewhere, in which a finding of fraud, misrepresentation or dishonesty was made against you?	Yes	No
20.	Are you currently facing disciplinary action, being prosecuted for any criminal offence or engaged in civil litigation in the Republic of South Africa or elsewhere?	Yes	No
21.	Have you ever been dismissed from any place(s) of employment, or been removed by any Court or any other lawful authority from any office of trust from carrying on your profession on account of misconduct or any other reasons whatsoever?	Yes	No

23. Are y	ou cur	rently	holdir	ng any	direct	orship	s or t	rustee	ships	?											Υ	es		No
											tions bu								e and/	or to	Υ	es		No
NOMINEE	E DEC	LAR/	TIOI	INA I) ACC	EPT	ANC	E SEC	TIOI	V (TC	BE C	ОМР	LETE	D BY	THE	NO	MINI	EE)						
I,																							1	
	ninee's	full n	l ame a	nd sur	name)																			
an Employe of (company		nber																						
ID number	,, 																							
Dilamber																								
Membership	o numt	oer																						
hat Bestme andidate for acknowledg Medical Sche	r the e ge that eme. A	lection I have	to the been	e Boar adequ	d of Tr ately	rustee inforn	es. ned of	my ri	ghts a	ınd th							forma	ıtion v	vill be	proces			stmed	
o approved and for all as understand welcome to objection ma furthermore ime procure history, crimior screening will prompt	ssociati I my rig contac ay rend e speci e or sha inal red service	arties ed sta ght to t Best ler Bes fically are any cord ch es, reg	where tutory privace med Notes the consequence with	e it is ro comp y and I Medica Medic ent to I mation / crimi ry auth	recog I Schellal Sch Bestman relational recognity, for du	d by E purpo nise a me's I eme u ed Ma ing to cord h gover	Bestmoses. and aclinformunable edical with istory nmen	cept thation to pro Schemout lim, and ctal aut	nat I m Office ocess ne and nitatio overall chority	nay ober to ramy not the first properties of the first	oject to oject to opinise any ominatione Indep credit h orofile fr ckgroun	the proposed on and one of the control of the contr	ocessication will the limit Electric with a circle with a	ng of mandependent in the lear any in the lear and lear	my pe may I mdent Body nce, ge ternal	s, retaing my ersona have. Elect duly a enera I com	al info Howe toral E appoir I back mitted	rmation ever, I Body united for groun es, reg	on for also also also also also also also also	this pupprecia to con 2026 e ployme d cred	urpose ate the sider election ent his it bure	e, and act as e, and at and my n ons to story, eaus,	d am y such omina , at ar judge verific	ation. ny men cation
o approved and for all as understand welcome to o objection ma furthermore ime procure nistory, crimi or screening	ssociation in my rigidate the special service	arties ed sta ght to t Best ler Bes fically are any cord ch es, reg e mys have s the co o be el founc Bestm	where tutory privace med N stmed of the total consecutive privace priv	y and I Medica Medica Medica Metro Cont to E mation Continuity Con	recognisms of the control of the con	d by E purpo nise a me's I me's I eeme I eed Ma ing to cord h governatio poses d of Tr	Bestmoses. and aclinformunable edical , with istory nmen cesses of objustee	cept the nation of to produce to	mat I m Office ocess ne and nitatio overall chority ng to to me g such estme	nay other to ramy not refer to ramy not resk process, and the allowed the allo	pject to pje	lawfur the pur the pri tobject on and pender history rom or d check such i to whice neme.	ocessistion with the Ir	ect, professed of evaluation of the control of the	my pe may l ndent Body once, ge ternal and che to Bes quirec	ersona have. Election Election I commercial to commer	al info Howe toral E appoir I back mitted and h d Med omple	rmation rrmatic rrmatic responding to the formation of the formation of th	on for also a inable or the additional distance author cheme vettir	this pupprecia to con 2026 e ployme d cred orise and/ong to bo	nt per ity to a urpose ate that isider election ent his it bure or the e cons	sonal	d am y such omina , at ar judge verific ency, p pender ed as a	ution. yymen cation erso nt un

4. NOMINEE'S (CONT	ACT	DET	AILS	(TO	BE C	OMF	PLET	ED B	Y TH	IE N	OMII	VEE)						
											_								
Telephone number (w)											n.	lepho ımber	ne (h)						
Cell phone												ternat							
number											Ce	ell pho	ne						
E-mail address																			
5																			
Postal address																			
															P	ostal d	ode		
Residential																			
address																			
															P	ostal c	ode		

5. NOMINEE'S CURRICULUM VITAE (CV)

Please complete the required information below, and provide the following documents:

- A detailed curriculum vitae;
- A certified copy of the nominee's identity document;
- A certified copy of the nominee's highest academic qualification;
- Proof of the nominee's SARS personal tax clearance or a PIN to access the nominee's tax clearance certificate on the SARS eFiling system;
- A recent high-resolution photo of the nominee; and
- An abridged curriculum vitae of no more than 100 words.

Please note: the abridged curriculum vitae and a photo of successful nominations will be published in a candidate booklet, which will be made available to all principal members of Bestmed.

PERSONAL	DETAIL	5																			
Membership	p numbe	er																			
Full name																					
Surname																					
Current pos																					
Previous po	Previous position(s) held																				
ACADEMIC																					
 2. 																					
3.																					
4																					
5																					
1																					
2																					
3																					
 4 5 																					
Nominee's	signatur									-		Date	e	D	D	М	М	Υ	Υ	Υ	Υ

6.

. ADDITIONA	L INFORMATION
If you answered respective quest	"yes" to any of the questions in Section 2 (Q3 - Q24), please provide your explanations on the space provided below, and refer to the tion number.
Question No:	Comments

6.

. ADDITIONA	L INFORMATION continued
If you answered respective quest	"yes" to any of the questions in Section 2 (Q3 - Q24), please provide your explanations on the space provided below and refer to the tion number.
Question No:	Comments