TRUSTEE NOMINATION FORM

INDIVIDUAL MEMBER REPRESENTATIVE 2026-2030



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

NOMI	NATOF	?																							
l,	(Nom	 inator	's full	nam	e and s	surnar	ne)																		
an Indi	•				c unu .	Jarriar	1107																		
arrinar	vidua		DC1 01		1									1	1										
Membe	ership	numb	er																						
hereby	/ nomi	nate																							
				(Non	ninee's	full n	ame a	nd sur	name)															
an Indi	vidual	mem	ber or	1																					
Nomin	ee's m	embe	rship	numl	ber																				
as a no	mine	e to st	and fo	or ele	ction t	o the l	Bestm	ed Me	dical S	Schem	ie Boa	rd of T	ruste	25.											
												_			Sig	gned c	n	D	D	М	М	Υ	Υ	Υ	Υ
Nomina		•															-								
Nomin	ators	telepi	none r	numb	er																				
By com																									
informa Indepen your me	ndent E	lectora	l Body	duly a	appoint	ed for t	he 202	6 electi	ons wil	l proce	ss your	persor	nal info	rmatio	n for th	e purpo	ose of	evaluat	ing you	ır mem	bership	profile	e in ord	er to es	stablish
welcom																									
SECON	IDER																								
l,		<u> </u>			<u> </u>																				
	•				and su	ırnam	e)																		
an Indi	vidual	mem	ber or	າ 		_									_										
Memb	ership	numb	er																						
hereby	y seco	nd the	nomi	inatio	on of																				
							(Nom	ninee's	full na	ame a	nd sur	name)													
as a no	omine	e to st	and fo	or ele	ection t	o the	Bestm	ned Me	edical !	Schem	ne Boa	rd of 1	ruste	es.											
																			1	1	1	1	1		
												_			Sig	gned c	on	D	D	M	M	Υ	Υ	Υ	Υ
Second		•			_											1									
Second						25.25.2	conde		knewis	odgo #5	atver	undere	tand th	atve	250 555	vidina	Doctor	od Mar	lical Cal	homo:	iith th -	abova	porce	aal infa	rmation
and agi	ree to f	he teri	ns of E	3estm	ned Med	dical Sc	heme's	Data	Protect	ion and	d Privad	y Polic	y. You	furthe	more a	acknow	ledge	that Be	estmed	Medic	al Sche	eme an	d/or th	ie Indep	pendent ish your
membe	ership :	status	and ac	cordi	ngly the	e validi	ty of y	our sed	onding	of the	nomir	nation.	Should	d you h	ave an	ıy obje	ction t	o the p	orocess	ing of	your p	ersona	l infor	mation	for this second
	minatio					cu			.23 111	2	2 311	, 110		٠.٠٠٠		, , 00			_,	un (р	311	, - u. u		

<sup>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</sup>

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

Are you Council f	ee's full namber er of Best Individual Bestmed The regist Iny consen Protection Personal if Idedical Sc e election hat I have e. According the parties	ame and Medical series of the tension of Perina heme was angly, I get been angly, I get be angled and I get been angly, I get been angled and I get been	d surrium de dical dership de la Schoestme and as resonal ation a awill produce de Board adequ	D ACC I Scher Cocategeme Brode Medical a cancel Informand agrocess rd of True	me, he gory an oard of ical Sci didate mation ree to my per	ereby of according for the tersonal	declar ept th titees. PRules Rules R	e that le nom l do sc. I ren tition to 13 (F of Bes'	questoer to	nformation to stood my on good selection to stood my on good selection. I acknowledge the selection of the s	DMP tion p and a awn from the stand of the	rovided s a cance will, ting with stees.	by me in didate to without a n Bestme	this no be electory forced Medicatand we extern a	mination ted as a n e or coerc cal Schem	form is t nember r ion and by roviding y Policy.	crue an represe am full / apper Bestm I furthe	entative in y aware th nding my si ed Medical ermore ack	this at I am gnature Scheme
MOMINEE D I, (Nomine II) (Nomine III) number Membership number in the leategory to a line with the above leatened by leatened to approve this leatened leate	ee's full namber er of Best ndividual Bestmed the regist ny consens of the consen	ame and Medical series of Perinforman to the endingly, I get been and angly, I get been angly, I get b	d surrrand dedical ership al Scheet ership al Scheet ership al Scheet ership al Scheet ership ar scheet ersh	I Scher o categeme Be d Medi a cano d of Tru	me, he gory an oard or ical Scididate mation ree to my per	ereby conditions of the terms o	declarrept th	e that e e that e nom l do so l Tren tion to	t the in inination of the POPIA threed	nformation to stood my on good selection to stood my on good selection. I acknowledge the selection of the s	DMP tion p and a awn from the stand of the	rovided s a cance will, ting with stees.	by me in didate to without a n Bestme	this no be electory forced Medicatand we extern a	mination ted as a n e or coerc cal Schem	form is t nember r ion and by roviding y Policy.	crue an represe am full / apper Bestm I furthe	d correct. I entative in y aware th nding my si ed Medical ermore ack	am a this at I am gnature
(Nomine (Nomine ID number	ee's full namber er of Best Individual Bestmed The regist Iny consen Protection Personal if Idedical Sc e election hat I have e. According the parties	med M membles Medica ered Be t to stan of Pen informatheme was to the	dedical ership ership al Sche estme and as rsonal attion a will pro-	I Scher o categ eme Be d Medi a cano I Inforn and agr ocess r d of Tru	me, he gory an oard or ical Sci didate mation ree to my per	ereby conditions and according to the formal according	declarrept th	e that e noming ldo so s. I ren tion t 013 (F	t the inhination out of the POPIA threed	nformation to stood my on good: Board of	tion p and a wn fre stand of Trus	rovided s a cano ee will, ing with stees. dge tha	by me in didate to without a n Bestme t I unders ata Prote	this no be elec iny forc d Medi	mination ted as a n e or coerc cal Schem hy I am p nd Privac	nember r ion and by ne and by roviding y Policy.	represe am full , apper Bestm I furthe	entative in y aware th nding my si ed Medical ermore ack	this at I am gnature Scheme
(Nomine (Nomine ID number	ee's full namber er of Best Individual Bestmed The regist Iny consen Protection Personal if Idedical Sc e election hat I have e. According the parties	med M membles Medica ered Be t to stan of Pen informatheme was to the	dedical ership ership al Sche estme and as rsonal attion a will pro-	I Scher o categ eme Be d Medi a cano I Inforn and agr ocess r d of Tru	me, he gory an oard or ical Sci didate mation ree to my per	ereby conditions and according to the formal according	declarrept th	e that e noming ldo so s. I ren tion t 013 (F	t the inhination out of the POPIA threed	nformation to stood my on good: Board of	tion p and a wn fre stand of Trus	rovided s a cano ee will, ing with stees. dge tha	by me in didate to without a n Bestme t I unders ata Prote	this no be elec iny forc d Medi	mination ted as a n e or coerc cal Schem hy I am p nd Privac	nember r ion and by ne and by roviding y Policy.	represe am full , apper Bestm I furthe	entative in y aware th nding my si ed Medical ermore ack	this at I am gnature Scheme
(Nomine (Nomine ID number	umber er of Best ndividual Bestmed the regist ny consen Protection personal i dedical Sc e election hat I have e. According d parties	med M memb Medica ered Be t to sta n of Per nforma heme v n to the	ledical ership al Schwestme and as rsonal ation a will pro Board	I Scher o categ eme Bo d Medi o a cano I Inforn and ago ocess r d of Tru	gory an oard or ical Scl didate mation ree to to my per	of Trust theme for th Act, 4 the te	ept thetes. It is to end to en	le nom I do so s. I ren ction to 013 (F	nination out of the control of the c	on to st of my o n good : Board o), I ackn Medica	and a wn fre stand of Trus owled	s a cand ee will, ing with stees. dge tha eme's D	didate to without a n Bestme t I unders ata Prote	be elec iny forc d Medi tand w ection a	ted as a ne or coerc cal Schem hy I am p	nember r ion and by ne and by roviding y Policy.	represe am full , apper Bestm I furthe	entative in y aware th nding my si ed Medical ermore ack	this at I am gnature Scheme
Membership nu principal member in the lategory to the obe bound to the lategory to the obe bound to the lategory to the lategory to the obe bound to the lategory to lateg	umber er of Best ndividual Bestmed the regist ny consen Protection personal i dedical Sc e election hat I have e. According d parties	med M memb Medica ered Be t to sta n of Per nforma heme v n to the	ledical ership al Schwestme and as rsonal ation a will pro Board	I Scher o categ eme Bo d Medi o a cano I Inforn and ago ocess r d of Tru	gory an oard or ical Scl didate mation ree to to my per	of Trust theme for th Act, 4 the te	ept thetes. It is to end to en	le nom I do so s. I ren ction to 013 (F	nination out of the control of the c	on to st of my o n good : Board o), I ackn Medica	and a wn fre stand of Trus owled	s a cand ee will, ing with stees. dge tha eme's D	didate to without a n Bestme t I unders ata Prote	be elec iny forc d Medi tand w ection a	ted as a ne or coerc cal Schem hy I am p	nember r ion and by ne and by roviding y Policy.	represe am full , apper Bestm I furthe	entative in y aware th nding my si ed Medical ermore ack	this at I am gnature Scheme
Membership nu principal member in the lategory to the obe bound to the obe bound to the lategory to the obe bound to the late above hat Bestmed Mandidate for the acknowledge the Medical Scheme observed third for all associations.	er of Best ndividual Bestmed the regist ny consen Protection personal i dedical Sc e election hat I have e. Accordi	memb Medica ered Be t to sta n of Per nforma heme v to the e been a	ership al Sche estme and as rsonal ation a will pro Board	o categ eme Bo d Medi a a cano I Inforn and agr ocess r d of Tru	gory an oard or ical Scl didate mation ree to to my per	of Trust theme for th Act, 4 the te	ept thetes. It is to end to en	le nom I do so s. I ren ction to 013 (F	nination out of the control of the c	on to st of my o n good : Board o), I ackn Medica	and a wn fre stand of Trus owled	s a cand ee will, ing with stees. dge tha eme's D	didate to without a n Bestme t I unders ata Prote	be elec iny forc d Medi tand w ection a	ted as a ne or coerc cal Schem hy I am p	nember r ion and by ne and by roviding y Policy.	represe am full , apper Bestm I furthe	entative in y aware th nding my si ed Medical ermore ack	this at I am gnature Scheme
principal membinember in the lategory to the obe bound to the obe bound to the late of late of the late of lat	er of Best ndividual Bestmed the regist ny consen Protection personal i dedical Sc e election hat I have e. Accordi	memb Medica ered Be t to sta n of Per nforma heme v to the e been a	ership al Sche estme and as rsonal ation a will pro Board	o categ eme Bo d Medi a a cano I Inforn and agr ocess r d of Tru	gory an oard or ical Scl didate mation ree to to my per	of Trust theme for th Act, 4 the te	ept thetes. It is to end to en	le nom I do so s. I ren ction to 013 (F	nination out of the control of the c	on to st of my o n good : Board o), I ackn Medica	and a wn fre stand of Trus owled	s a cand ee will, ing with stees. dge tha eme's D	didate to without a n Bestme t I unders ata Prote	be elec iny forc d Medi tand w ection a	ted as a ne or coerc cal Schem hy I am p	nember r ion and by ne and by roviding y Policy.	represe am full , apper Bestm I furthe	entative in y aware th nding my si ed Medical ermore ack	this at I am gnature Scheme
principal membinember in the lategory to the obe bound to the obe bound to the late of late of the late of lat	er of Best ndividual Bestmed the regist ny consen Protection personal i dedical Sc e election hat I have e. Accordi	memb Medica ered Be t to sta n of Per nforma heme v to the e been a	ership al Sche estme and as rsonal ation a will pro Board	o categ eme Bo d Medi a a cano I Inforn and agr ocess r d of Tru	gory an oard or ical Scl didate mation ree to to my per	of Trust theme for th Act, 4 the te	ept thetes. It is to end to en	le nom I do so s. I ren ction to 013 (F	nination out of the control of the c	on to st of my o n good : Board o), I ackn Medica	and a wn fre stand of Trus owled	s a cand ee will, ing with stees. dge tha eme's D	didate to without a n Bestme t I unders ata Prote	be elec iny forc d Medi tand w ection a	ted as a ne or coerc cal Schem hy I am p	nember r ion and by ne and by roviding y Policy.	represe am full , apper Bestm I furthe	entative in y aware th nding my si ed Medical ermore ack	this at I am gnature Scheme
nember in the I lategory to the o be bound to t lereto signify m in line with the I line with the above hat Bestmed M landidate for th acknowledge t Medical Scheme o approved thir lind for all assoc understand my	ndividual Bestmed the regist- ny consen Protection personal i dedical Sc e election hat I have According parties	memb Medica ered Be t to sta n of Per nforma heme v to the e been a	ership al Sche estme and as rsonal ation a will pro Board	o categ eme Bo d Medi a a cano I Inforn and agr ocess r d of Tru	gory an oard or ical Scl didate mation ree to to my per	of Trust theme for th Act, 4 the te	ept thetes. It is to end to en	le nom I do so s. I ren ction to 013 (F	nination out of the control of the c	on to st of my o n good : Board o), I ackn Medica	and a wn fre stand of Trus owled	s a cand ee will, ing with stees. dge tha eme's D	didate to without a n Bestme t I unders ata Prote	be elec iny forc d Medi tand w ection a	ted as a ne or coerc cal Schem hy I am p	nember r ion and by ne and by roviding y Policy.	represe am full , apper Bestm I furthe	entative in y aware th nding my si ed Medical ermore ack	this at I am gnature Scheme
furthermore spime procure or aistory, criminal or screening ser will promptly nor entity that melectoral Body - eligible candidate.	tact Best ender Best pecifically share and record cl rvices, reg nake mys ay have s - as the c	privacy med M stmed I conser inform necks / fulatory elf ava uch per	and I edical Medical Medical crimir y authors ilable from all y be for the control of the contro	y consequired liance precognized schemal Schemal recognized schemal recognized for due linforn purpor purpor purpor purpor purpor purpor sequired schemal recognized schemal recognized schemal recognized schemal linform purpor	ent to d by Be purpos nise an ne's In eme ur ed Mec ng to, v ord his governi e proce nation poses o	Bestreestme ses. and acconformation nable in dical S without story, a imentation esses a pertation of obti	ept the ation (to produt lime and or al auther relating atining taining taining	Medical S mat I m Officer ocess r me and itation verall hority mg to t to me g such	nay ob r to ra my no l/or th n, my risk p r ("bac the at	ject to to the forth ise any mination is likely and the forth ise and the following th	the problem objection and objection and objection of the objection of the objection of the objection of the objection objectio	ocessin tion what the Indian telectry, tax clarks"). ed back nformal hay the may the may the properties of the Indian telectry with a clarks and the Indian telectry.	g of my point I may depender oral Body earance, ground clition to British to British in the Brit	persona have. I hat Elect duly a general al commecks; a estmed	ormation n and dis nominati l informa However, oral Body popointed backgrou nittees, re	tribute ron and e tion for t I also ap unable t for the 2 nd, empl egistered	elevani ligibiliti chis pur preciat co cons 026 el loymer d crediti ise any and/or	t personal y to act as rpose, and the that any ider my no ections to, nt history, jubureaus, when the lindepersonal to act agerthe Indepersonal to act	am such mation at any udgeme verification acy, persendent
Please note: If in as defined in the lisqualified fro	he Bestm	ed Rul	es and	d/or th							98 inc	luding i		ations)		as a Boa			

4. NOMINEE'S CONTACT DETAILS (TO BE COMPLETED BY THE NOMINEE)																			
Telephone number (w)											Te nu	lephoi imber	ne (h)						
Cell phone number												ternat II phoi							
												p							
E-mail address																			
D																			
Postal address																			
															Po	ostal c	ode		
Residential address																			
															Po	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	sition(s)	held															
ACADEMIC																	
 2. 																	
3.																	
4																	
5																	
1																	
2																	
3																	
 4 5 																	
Nominee's s	signatur					-		Date	e	D	D	М	М	Υ	Υ	Υ	Υ

. 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. ADDITIONAL INFORMATION continued

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