

## INDIVIDUAL MEMBER REPRESENTATIVE 2026-2030



## NOMINATOR

I, 



  
(Nominator's full name and surname)

an Individual member on

Membership number

hereby nominate 



  
(Nominee's full name and surname)

an Individual member on

Nominee's membership number

as a nominee to stand for election to the Bestmed Medical Scheme Board of Trustees.

\_\_\_\_\_  
Nominator's signature

\_\_\_\_\_  
Nominator's telephone number

Signed on

D	D	M	M	Y	Y	Y	Y
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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 Body duly appointed for the 2026 elections will process your personal information for the purpose of evaluating your membership profile in order to establish your membership status and accordingly the validity of your nomination. Should you have any objection to the processing of your personal information for this purpose, you are welcome to contact Bestmed Medical Scheme's Information Officer, however, please note that your objection may have a direct impact on your ability to make this nomination.

## SECONDER

[illegible]

By completing this form in your capacity as a Secondor, 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 Body duly appointed for the 2026 elections will process your personal information for the purpose of evaluating your membership profile in order to establish your membership status and accordingly the validity of your seconding of the nomination. Should you have any objection to the processing of your personal information for this purpose, you are welcome to contact Bestmed Medical Scheme's Information Officer, however, please note that your objection may have a direct impact on your ability to second this nomination.

## 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.

QUESTION		Indicate with 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



4. NOMINEE'S CONTACT DETAILS (TO BE COMPLETED BY THE NOMINEE)

Telephone  
number (w)

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Telephone  
number (h)

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Cell phone  
number

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Alternative  
Cell phone

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E-mail address

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Postal address


Postal code

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Residential  
address


Postal code

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## 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 DETAILS

[illegible][illegible][illegible]

Current position you occupy

Previous position(s) held \_\_\_\_\_

## ACADEMIC QUALIFICATIONS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### RELEVANT SKILLS/EXPERIENCE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Nominee's signature

Date

D	D	M	M	Y	Y	Y	Y
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## 6. ADDITIONAL INFORMATION

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.

[illegible]

## 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.

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