

TRUSTEE NOMINATION FORM

EMPLOYEE MEMBER REPRESENTATIVE 2024-2028



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

NOMINATOR

I,

(Nominator's full name and surname)

an Employee member of (name of entity)

Membership number

hereby nominate

(Nominee's full name and surname)

an Employee member of (name of entity)

Nominee's membership number

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

Signed on

Nominator's signature

Nominator's telephone number

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 Privacy Policy. You furthermore acknowledge that Bestmed Medical Scheme 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

I,

(Seconder's full name and surname)

an Employee member of (company)

Membership number

hereby second the nomination of

(Nominee's full name and surname)

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

Signed on

Seconder's signature

Seconder's telephone number

By completing this form in your capacity as a Seconder, 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 Privacy Policy. You furthermore acknowledge that Bestmed Medical Scheme 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 THE 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 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

22.	Have you ever been declared ineligible or disqualified as a director in terms of Section 69 of the Companies Act 71 of 2008?	Yes	No
23.	Are you currently holding any directorships or trusteeships?	Yes	No
24.	Are you aware of any information not covered by the above questions but which, if known to the medical scheme and/or to Council for Medical Schemes will render you not fit and proper to serve either as a trustee or a principal officer?	Yes	No

3. NOMINEE DECLARATION AND ACCEPTANCE SECTION (TO BE COMPLETED BY THE NOMINEE)

I,

(Nominee's full name and surname)

an Employee member of (company)

ID number

Membership number

principal member of Bestmed Medical Scheme, hereby declare that the information provided by me in this nomination form is true and correct. I am a member in the Employee membership category and accept the nomination to stand as a candidate to be elected as a member representative in this category to the Bestmed Medical Scheme Board of Trustees. I do so out of my own free will, without any force or coercion and am fully aware that I am to be bound to the registered Bestmed Medical Scheme Rules. I remain in good standing with Bestmed Medical Scheme and by appending my signature hereto signify my consent to stand as a candidate for the election to the Board of Trustees.

In line with the Protection of Personal Information Act, 4 of 2013 (POPIA), I acknowledge that I understand why I am providing Bestmed Medical Scheme with the above personal information and agree to the terms of Bestmed Medical Scheme's Privacy Policy. I furthermore acknowledge that Bestmed Medical Scheme will process my personal information for the purpose of evaluating my membership profile and ability to stand as a candidate for the election to the Board of Trustees.

I acknowledge that I have been adequately informed of my rights and the purposes for which my personal information will be processed by Bestmed Medical Scheme. Accordingly, I give my consent to Bestmed Medical Scheme to lawfully collect, process, retain and distribute relevant personal information to approved third parties where it is required by Bestmed Medical Scheme for the purposes of evaluating my nomination and eligibility to act as a trustee and for all associated statutory compliance purposes.

I understand my right to privacy and I recognise and accept that I may object to the processing of my personal information for this purpose, and am welcome to contact Bestmed Medical Scheme's Information Officer to raise any objection which I may have. However, I also appreciate that any such objection may render Bestmed Medical Scheme unable to process my nomination and the Independent Electoral Body unable to consider my nomination.

I furthermore specifically consent to Bestmed Medical Scheme and/or the Independent Electoral Body duly appointed for the 2024 elections to, at any time procure or share any information relating to, without limitation, my credit history, tax clearance, general background, employment history, judgement history, and overall risk profile from or with any internal committees, registered credit bureaus, verification or screening services, regulatory authority, governmental authority ("background checks").

I will promptly make myself available for due processes relating to the abovementioned background checks; and hereby authorise any such agency, person or entity that may have such personal information pertaining to me, to disclose such information to Bestmed Medical Scheme and/or the Independent Electoral Body - as the case may be for purposes of obtaining such information, which may be required to complete the vetting to be considered as an eligible candidate to be elected to the Board of Trustees of Bestmed Medical Scheme.

Please note: If it is found that any information that has been supplied is false or the outcome of the vetting process renders you unfit and improper (as defined in the Bestmed Rules and/or the Medical Schemes Act including its Regulations) to stand as a Board member, you may be disqualified from standing for election.

Signed at on this day of

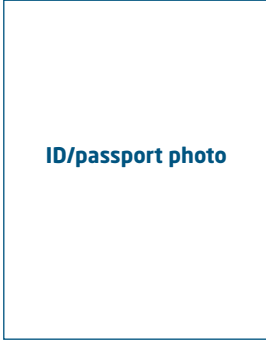
Nominee's signature

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 will be published in a candidate booklet, which will be made available to all principal members of Bestmed.



PERSONAL DETAILS

Membership number

Full name

Surname

Current occupation

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
---	---	---	---	---	---	---	---

