

Important information

Please read the *Rules for Completion of the Nomination Form* enclosed at the end of this communication.

Nomination forms may not be delivered to the Bankmed Scheme office nor the office of its Administrator, Discovery Health (Pty) Ltd ('DH'). Any nomination forms delivered to the Bankmed Scheme office or DH office, either by hand, e-mail or fax will be deemed invalid.

For vetting purposes, the Nominee is required to submit the following documentation together with the completed nomination form:

- Detailed curriculum vitae.
- Abridged curriculum vitae of no more than 100 words, which will be used as their biography should the nominee be approved as a candidate.
- A copy of their identity document.
- A copy of their highest academic qualification, if applicable.
- A copy of their new Tax Compliance Status (TCS) System Pin and Tax Reference Number.

All queries related to the nominations and electoral processes must be directed to the IEB, at 010 590 7254 or e-mail **BankmedAGM@bdo.co.za**. The IEB is the only party that will respond to any queries in respect of the Bankmed Trustee nomination and the electoral process.

Please only refer queries related to the nominations and elections to the IEB. All medical aid queries must be referred directly to Bankmed on 0800 BANKMED (0800 226 5633).

1. Section 1: Nomination (to be completed by the Nominator)

I, the undersigned, being a Principal Member of Bankmed (Nominator) in good standing, hereby nominate (insert full name and surname of the person you wish to nominate).

(Nominee), who is a Principal Member of Bankmed, also in good standing, to stand for election to serve as a Trustee of Bankmed per the provisions of the Medical Schemes Act, Act No. 131 of 1998 and the Bankmed Scheme Rules.

Nominator full name and surname (please complete as per your ID book):

Nominator ID number:

[illegible]

Nominator Bankmed membership number:

[illegible]

Nominator Employer Name (if Pensioner, indicate 'Pensioner'):

| | | | | | | | | | | | |

Signature of nominator

Date _____

D	D	M	M	Y	Y	Y	Y
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Section 2: Nomination seconded by (to be completed by the Seconders)

Seconders must be Bankmed Principal Members, who are in good standing. All five seconders must sign below for your nomination to be considered valid. Failure to secure five seconders that meet the requirements will invalidate the submission.

Seconder (full name and surname per ID book)	ID number	Bankmed membership number	Signature
1			
2			
3			
4			
5			

Section 3: Disclosures (to be completed by the Nominee)

Please tick the relevant box for each question:

1. Has a South African Court ever declared you to be of unsound mind, and incapable of managing your affairs?
If yes, kindly provide details.

Yes ☐ No ☐

2. Have you ever been declared insolvent, or have you surrendered your estate for the benefit of creditors?
Have you applied for debt counselling or are you under debt review? *If yes, kindly provide details.*

Yes ☐ No ☐

3. 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? *If yes, kindly provide details on the nature of the offence and the date of the conviction.*

Yes ☐ No ☐

4. Are you currently being prosecuted for any criminal offence in the Republic of South Africa or elsewhere?
If yes, kindly provide details on the nature of the offence.

Yes ☐ No ☐

5. Have you ever been removed by the Court or any other lawful authority from any office of trust on account of misconduct? *If yes, kindly provide details of this.*

Yes ☐ No ☐

6. Have you ever been disqualified under any law or by any professional body from practising your profession?
If yes, kindly provide details on the nature and date of the disqualification.

Yes ☐ No ☐

7. Have you ever been dismissed from your place of employment, or removed as a trustee or board member of any governance body on which you have served? *If yes, kindly include relevant dates, name(s) of the organisations and contact person(s).*

Yes ☐ No ☐

8. Are you facing litigation or other similar remedial action relating to your professional conduct or other unethical practice? *If yes, kindly provide details.* Yes ☐ No ☐
9. Have you ever been disqualified under any law or under the Rules of Bankmed, or the rules of any other medical scheme or other institution, to hold the office of Trustee? *If yes, kindly provide details on the nature and date of the disqualification.* Yes ☐ No ☐
10. Are you facing legal, disciplinary or other action that may result in your removal from office or a position of trust? *If yes, kindly provide details.* Yes ☐ No ☐
11. Have you ever been declared ineligible or disqualified from becoming a director in terms of Section 69 of the Companies Act, Act No. 71 of 2008 as amended? *If yes, kindly provide details.* Yes ☐ No ☐
12. Are you currently holding any directorships or trusteeships, or have you previously held any directorships or trusteeships? *If yes, kindly provide details on the nature and dates of the directorships or trusteeships.* Yes ☐ No ☐
13. Do you have any relationship, business or personal, with any person (Trustee, principal officer, member of any subcommittee, or any employee) of the medical scheme? *If yes, kindly stipulate the kind of relationship and with whom.* Yes ☐ No ☐
14. Are you a broker or do you have any affiliation with a broker or brokerage? *If yes, kindly provide details.* Yes ☐ No ☐
15. Are you an officer (employee, executive/director) of the medical scheme, or an employee, director, officer, consultant, or association of any person, who renders contractual services for the medical schemes or any regulated entity in terms of the Medical Schemes Act? *If yes, kindly provide further details.* Yes ☐ No ☐
16. Are you aware of any information not covered in the above questions but which, if known to the medical scheme and/or Council of Medical Schemes will render you not fit and proper to serve as a Trustee? *If yes, kindly provide further details.* Yes ☐ No ☐

Should the space provided for your explanations not be sufficient, please feel free to attach additional explanations on a separate page.

Section 4: Declaration and acceptance (to be completed by the Nominee)

I,

(Full name and surname per ID document)

Nominee ID number

Nominee Bankmed membership number

(If Pensioner, indicate 'Pensioner')

Nominee Employer name

being a Principal Member of Bankmed in good standing, hereby declare that:

1. I accept my nomination to stand as a candidate for election to the Bankmed Board of Trustees.
2. I do so out of my own free will, without any force or coercion and am fully aware of the obligations that such an office brings.
3. I declare that the information provided in Section 3 above is true and correct.
4. I **have/have not** (please delete whichever is not applicable) familiarised myself with the requirements of holding an office of trust and declare that I am fit and proper to do so.
5. I confirm that I am not disqualified under any law or the Rules of Bankmed to hold the office of Trustee.
6. I confirm that I remain in good standing with Bankmed.
7. I further consent that the IEB may conduct an investigation into my background, including the conducting of credit checks, employment history checks, criminal record checks, SARS personal tax clearance checks and other necessary background checks to determine my eligibility to stand for election and to act as a Trustee. I undertake to provide the consent and information needed to enable BDO to carry out this task.
8. I accept that failure to comply in providing information by the timelines set may result in disqualification of my nomination to stand for election to the Bankmed Board of Trustees.
9. I accept that if it is found that any information that has been supplied is false, I may be disqualified from standing for election.

Nominee signature

Date

Full names of Nominee

Contact details of Nominee:

Telephone (H)

Telephone (W)

Cellphone

E-mail address

Postal address

☐ PO Box ☐ Private Bag Box number

☐ Suite ☐ Postnet Suite Number

Suburb Postal code

Residential address

Unit/Suite number Complex name

Street number Street name

Suburb

City Postal code

Rules for Completion of the Nomination Form

1. The Bankmed Board of Trustees has appointed BDO as the Independent Electoral Body (IEB), who will manage and oversee the electoral process.
2. Because the Scheme has appointed BDO as its IEB, all nominations must be submitted directly to the IEB, using the official nomination form. Nomination forms may not be delivered to the Bankmed Scheme office nor the office of its Administrator, Discovery Health (Pty) Ltd (DH). Any nomination forms delivered to the Bankmed Scheme office or the DH office either by hand, e-mail or fax, will be disqualified.
3. Only Principal Members in good standing with Bankmed may nominate other Principal Members (Nominees), also in good standing, and only Principal Members in good standing with Bankmed may second a nomination. All parties must sign the nomination form. Electronic signatures are acceptable.

4. 'In good standing' means that a member's membership has not been suspended in terms of the Bankmed Scheme Rules.
5. Only Principal Members in good standing with Bankmed are eligible to stand for election. Nominees must be in good standing from the date of closing of the call for nominations and remain so until the closing date of the elections.
6. Principal Members may not nominate themselves to stand for election.
7. The nomination form must also be signed by the Nominee (the person being nominated to stand for election), indicating his/her acceptance of the nomination to stand for election. The Nominee must answer all relevant questions, submit all the required documentation and make all the necessary disclosures as indicated on the nomination form.
8. The duly completed and signed nomination form must be signed by the Nominator, Seconders and Nominee. The nomination form must be completed fully and correctly, to ensure that the nomination can be considered. Failure to complete the nomination form, or the failure to provide any documentation requested as part of the nomination process, may nullify the nomination. The IEB will not enter into any correspondence regarding incomplete submissions.
9. For vetting purposes, the Nominee is required to submit the following documentation, together with the completed nomination form:
 - Detailed curriculum vitae.
 - Abridged curriculum vitae of no more than 100 words, which will be used as their biography should the nominee be approved as a candidate.
 - A copy of their identity document.
 - A copy of their highest academic qualification, if applicable.
 - A copy of their new Tax Compliance Status (TCS) System Pin and Tax Reference Number.
10. The duly completed nomination form, together with the required documents as specified above, must reach the IEB by no later than 12:00 (noon) on Friday, 28 February 2025. Nomination forms received after this date and time will not be considered. These nomination forms should be submitted by means of the relevant channels as stipulated in this document.
11. The nomination form and the documents set out in item 9 of this document, may be forwarded to the IEB by:
 - E-mail (in PDF format) to **BankmedAGM@bdo.co.za**.
12. All queries that pertain to the nomination and electoral processes must be directed to the IEB on 010 590 7254 or e-mail **BankmedAGM@bdo.co.za**. The IEB is the only party that will respond to any queries in respect of the Bankmed Trustee nomination and the electoral process.
13. The vetting and verification process will be performed in two stages:
 - Assessment of supplied information against the Scheme Rules, including Tax Compliance Status (TCS). Please note that the IEB places full reliance on the South African Revenue Service (SARS) for the nominee's TCS. It is the Nominee's responsibility to ensure that they are compliant with their tax obligations. No correspondence will be entered into regarding the Nominee's TCS.
 - Nominees who pass the initial assessment will then be subjected to further verifications.

Kindly adhere to the nomination and submission process as set out in this document.

Please only refer queries related to the nominations and elections to the IEB. All medical aid queries must be referred directly to Bankmed on 0800 BANKMED (0800 226 5633).