

PICK 'N PAY MEDICAL SCHEME

PROXY FORM

I,, member number,

being a member of the Pick 'n Pay Medical Scheme, do hereby appoint:

Mr/Ms, member number,

or failing him or her, the Chairperson of the meeting, to attend, speak and vote for me at the Annual General Meeting to be held at Pick 'n Pay Head Office, Claremont, on Thursday, 18 May 2006 at 13h00, and at any adjournment thereof.

1. AGENDA ITEM 3: ANNUAL REPORT

My vote:
(Mark with an "X")

In favour		Against	
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2. AGENDA ITEM 4: ANNUAL FINANCIAL STATEMENTS

My vote:
(Mark with an "X")

In favour		Against	
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3. AGENDA ITEM 5: CONFIRM DISPUTES COMMITTEE

My vote:
(Mark with an "X")

In favour		Against	
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4. AGENDA ITEM 6: EXTERNAL AUDITORS

My vote:
(Mark with an "X")

In favour		Against	
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Signed on the day of May 2006.

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SIGNATURE OF MEMBER

PLEASE RETURN COMPLETED PROXY FORMS TO: THE SCHEME MANAGER, MS L WARREN, PICK 'N PAY MEDICAL SCHEME, PO BOX 15774, VLAEBERG 8018, OR FAX TO (021) 480 6842 BEFORE WEDNESDAY, 17 MAY 2006. ALTERNATIVELY, HAND THE FORMS TO THE CHAIRPERSON OR PRINCIPAL OFFICER ON 18 MAY 2006 AT THE ABOVE-MENTIONED VENUE.