

## 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 Office Park, 101 Rosmead Avenue, Kenilworth, on Wednesday, 20 May 2009 at 13:00, 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 6: CONFIRM DISPUTES COMMITTEE**

My vote:  
(Mark with an "X")

In favour		Against	
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**4. AGENDA ITEM 7: EXTERNAL AUDITORS**

My vote:  
(Mark with an "X")

In favour		Against	
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Signed on the ..... day of May 2009.

.....  
SIGNATURE OF MEMBER

**PLEASE RETURN COMPLETED PROXY FORMS TO: THE SCHEME MANAGER, MS P BOTHA, PICK N PAY MEDICAL SCHEME, PO BOX 15774, VLAEBERG 8018, OR FAX TO 021 480 5411 BEFORE WEDNESDAY, 13 MAY 2009. ALTERNATIVELY, HAND THE FORMS TO THE CHAIRPERSON OR PRINCIPAL OFFICER ON 20 MAY 2009 AT THE ABOVE-MENTIONED VENUE.**