

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, 19 May 2010 at 13:00, and at any adjournment thereof.

1. AGENDA ITEM 2: MINUTES OF PREVIOUS ANNUAL GENERAL MEETING

My vote:
(Mark with an "X")

In favour		Against	
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2. AGENDA ITEM 3: ANNUAL REPORT

My vote:
(Mark with an "X")

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

My vote:
(Mark with an "X")

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

My vote:
(Mark with an "X")

In favour		Against	
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5. AGENDA ITEM 6: EXTERNAL AUDITORS

My vote:
(Mark with an "X")

In favour		Against	
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Signed on the day of May 2010.

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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, 12 MAY 2010. ALTERNATIVELY, HAND THE FORMS TO THE CHAIRPERSON OR PRINCIPAL OFFICER ON 19 MAY 2010 AT THE ABOVE-MENTIONED VENUE.