

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 via teams conference meeting on 6 July 2023 at 13:30, 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 OF THE CHAIRPERSON OF THE BOARD OF TRUSTEES

My vote:
(Mark with an 'X')

In favour		Against	
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3. AGENDA ITEM 4: ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2022

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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Signed on the day of 2023.

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SIGNATURE OF MEMBER

PLEASE RETURN COMPLETED PROXY FORMS TO: THE SCHEME MANAGER, MS D THERON, PICK N PAY MEDICAL SCHEME, VIA EMAIL TO DAWN.THERON@MOMENTUM.CO.ZA BEFORE WEDNESDAY, 5 JULY 2023.