

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 Zoom Video Conferencing on 9 July 2020 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 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 2019

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 2020.

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SIGNATURE OF MEMBER

PLEASE RETURN COMPLETED PROXY FORMS TO: THE SCHEME MANAGER, MS D THERON, PICK N PAY MEDICAL SCHEME, PO BOX 15774, VLAEBERG 8018, OR EMAIL IT TO PNP@MHG.CO.ZA BEFORE MONDAY, 6 JULY 2020.