

## 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 in the Corporate First Floor Meeting Rooms 1 and 2, First Floor, Corporate Building, Pick n Pay Office Park, 101 Rosmead Avenue, Kenilworth, on Thursday, 11 July 2019 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 2018**

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 ..... 2019.

.....  
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, 8 JULY 2019. ALTERNATIVELY, HAND THE FORMS TO THE CHAIRPERSON OR PRINCIPAL OFFICER ON 11 JULY 2019 AT THE ABOVE-MENTIONED VENUE.**