

# 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 a hybrid meeting in the Main Boardroom, Second Floor, Pick n Pay Office Park, 101 Rosmead Avenue, Kenilworth, as well as a Teams conference meeting on 3 July 2025 at 13:00, and at any adjournment thereof.

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

My vote: ☐ In favour ☐ Against

## 2. AGENDA ITEM 3: ANNUAL REPORT OF THE CHAIRPERSON OF THE BOARD OF TRUSTEES

My vote: ☐ In favour ☐ Against

## 3. AGENDA ITEM 4: ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2024

My vote: ☐ In favour ☐ Against

## 4. AGENDA ITEM 5: CONFIRM DISPUTES COMMITTEE

My vote: ☐ In favour ☐ Against

Signature of member

Date

DD/MM/YYYY

Please return completed proxy forms to the Scheme Manager, Ms A Brandes, Pick n Pay Medical Scheme via email to [pnpvote@pnpms.co.za](mailto:pnpvote@pnpms.co.za) before Wednesday, 2 July 2025.