

## 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 Conference Centre Auditorium, Pick n Pay Office, 101 Rosmead Avenue, Kenilworth, as well as a Microsoft Teams Meeting, on 4 July 2024 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 2023**

My vote:  
(Mark with an 'X')

In favour		Against	
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**4. AGENDA ITEM 6: CONFIRM DISPUTES COMMITTEE**

My vote:  
(Mark with an 'X')

In favour		Against	
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Signed on the \_\_\_\_\_ day of \_\_\_\_\_ 2024

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SIGNATURE OF MEMBER

**PLEASE RETURN COMPLETED PROXY FORMS TO THE SCHEME MANAGER, MS A BRANDES, PICK N PAY MEDICAL SCHEME VIA EMAIL TO PNPVOTE@PNPMS.CO.ZA BEFORE TUESDAY, 2 JULY 2024.**