

Election of Trustees 2024

Nomination form for the election of Member-Elected Trustees to the Board of Trustees of the Pick n Pay Medical Scheme

IMPORTANT:

- Each nomination must be proposed and seconded by a member of the Pick n Pay Medical Scheme.
- **The closing date for nominations is 30 April 2024.**
- Please return the completed nomination form, including the abridged curriculum vitae of the nominated candidate and the declaration by the nominee, via email to pnptrusteenominations@pnpms.co.za.

PLEASE COMPLETE IN BLOCK LETTERS.

DETAILS OF NOMINEE

Surname			
Full name			
Membership number		Employee number	
Contact numbers	(Cell)	(W)	
Email address			
Is the nominee a principal member of the Scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

DETAILS OF PROPOSER AND SECONDER

We, the undersigned, nominate the above person for election to serve as a Trustee on the Board of the Pick n Pay Medical Scheme.

Name of proposer			
Membership number		Employee number	
Contact numbers	(Cell)	(W)	
Email address			
Is the proposer a principal member of the Scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Signature	<div style="border: 1px solid black; width: 150px; height: 80px;"></div>	Date	<input type="text" value="DD/MM/YYYY"/>
-----------	--	------	---

Name of seconder			
Membership number		Employee number	
Contact numbers	(Cell)	(W)	
Email address			
Is the seconder a principal member of the Scheme?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Signature	<div style="border: 1px solid black; width: 150px; height: 80px;"></div>	Date	<input type="text" value="DD/MM/YYYY"/>
-----------	--	------	---

NOTE: Signatures of proposers and seconders are required.

CURRICULUM VITAE OF NOMINEE

Current occupation

Location

Previous positions held
in the company

Qualifications

Skills and experience

TO BE COMPLETED BY NOMINEE

I hereby confirm that:

- I am a principal member of the Pick n Pay Medical Scheme.
- I am a fully paid-up member of the Scheme.
- I am over the age of 18 years.
- I have not been declared insane or incapable of managing my affairs.
- I have not been declared insolvent or have not surrendered my estate for the benefit of my creditors.
- I have not been convicted, whether in the Republic of South Africa or elsewhere, of theft, fraud, forgery or uttering of a forged document or perjury.
- I have not been removed by the court from any office of trust on account of misconduct.
- I have not been disqualified under any law from carrying on my profession.

I hereby give Pick n Pay Medical Scheme permission to conduct such checks as may be deemed appropriate and necessary to confirm my eligibility to serve as a Trustee on the Board of the Pick n Pay Medical Scheme.

Furthermore, I undertake to inform the Scheme in writing within fourteen (14) days should any of the above circumstances change.

I accept the nomination to stand for election to serve as a Trustee on the Board of the Pick n Pay Medical Scheme.

Signature

Date

DD/MM/YYYY

Please return the completed nomination form, including the abridged curriculum vitae of the nominated candidate and the declaration by the nominee, via email to pnptrusteenominations@pnpms.co.za by no later than 30 April 2024.