

Proxy form

PROXY FORM

I,....., membership number

being a member of the Remedi Medical Aid Scheme, appoint:

Mr/Ms....., membership number

or failing him or her, the Chairperson of the meeting, to attend, speak and vote for me at the Annual General Meeting held at the Auditorium, The House of JC le Roux, Devon Valley Road, Stellenbosch, on Thursday 25 June 2015, at 13:00, and at any adjournment thereof.

Agenda item 2: To approve the Minutes of the Annual General Meeting held on Wednesday, 26 June 2014.

My vote X	In favour		Against	
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Agenda item 3: To adopt the Chairman’s Report for the year ended 31 December 2014.

My vote X	In favour		Against	
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Agenda item 5: To adopt the Annual Financial Statements, including the Auditor’s Report and the Annual Report of the Board of Trustees, for the year ended 31 December 2014.

My vote X	In favour		Against	
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Agenda item 6.1: To appoint the Auditors for the ensuing year.

My vote X	In favour		Against	
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Agenda item 6.2: To confirm the elected Trustees of the Scheme.

My vote X	In favour		Against	
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Signed on the day of May/June 2015

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Signature of member

Please complete and return the Proxy form to: The Fund Manager, Ms Elma Fourie, Remedi, Postnet Suite 116, Private Bag X19, Milnerton, 7435, or fax to 021 527 1946. We have to receive all Proxy forms by no later than 12:00 on Thursday 18 June 2015.