



## 2025 ANNUAL GENERAL MEETING: SOUTH AFRICAN POLICE SERVICE MEDICAL SCHEME ("POLMED")

### PROXY FORM IN TERMS OF RULE 27(1) AND (2) OF POLMED RULES

I, \_\_\_\_\_ with POLMED membership number \_\_\_\_\_ appoint  
 \_\_\_\_\_ with POLMED membership no: \_\_\_\_\_ as  
 \_\_\_\_\_ my

proxy to attend, speak and/or vote in my stead at the 2025 Annual General Meeting ("AGM"), which will be held at the East London International Convention Centre, Marine Park Complex, 22 Esplanade, Beachfront, East London, 5201, Eastern Cape Province on 10<sup>th</sup> of July 2025 at 10:00 am to consider the business for which the AGM is scheduled for, including attending to resolutions in accordance with the POLMED Rules.

I confirm that my nominated proxy has been informed to bring a valid South African Identity Document, Smart Identity Card, Passport, or Driver's Licence to the AGM.

Further, I have advised my proxy to comply with the POLMED Rules during the day's proceedings at the AGM.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2025.

\_\_\_\_\_  
 (Signature of member granting the proxy)

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 2025.

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(Signature of member accepting the proxy)

*The detailed instructions are outlined below*

## **INSTRUCTIONS**

### **FOR THE APPOINTMENT OF A PROXY AND SIGNATURE THEREOF**

#### **NOTES:**

1. Each POLMED member is entitled to appoint one other member of POLMED as a proxy to attend, speak and/or vote either in a poll or by show of hands in place of the member at the AGM.
2. Each duly appointed proxy can represent a maximum of 2 (two) members in good standing at the AGM. Therefore, this proxy form must be completed only by members who are not in arrears with their contributions.
3. Note that each proxy form is personalized with a Unique Proxy Reference Number linked to the member's membership number. A member must therefore ensure that the form has the member's (a) full name, (b) surname, (c) membership number, and a unique proxy reference number. The form and the reference number will be sent to you by email and/or SMS.
4. In addition, a member must insert the full name, surname and membership number of a proxy of the member's choice in the space provided in the form. Only the person whose name and membership number appear on the proxy form and who is present at the AGM, shall be entitled to act as a proxy.
5. A member who has assigned another member as a proxy shall not be allowed to attend the same AGM unless the said proxy has been withdrawn. In that case, a written notice of withdrawal signed by both parties must be submitted to the Principal Officer by 14:00 pm before the date of the AGM (09 July 2025).
6. Any alterations or corrections to the proxy form must be initialed by the signatories (both member and proxy).
7. Only fully completed and signed original forms, not copies or faxes, will be accepted.
8. All information supplied on the proxy form shall be validated before acceptance of the proxy's attendance and participation at the AGM.

9. No proxy form without a unique reference number shall be accepted and will therefore be declared invalid. Further, no proxy form shall be accepted after (03 July 2025) nor on the day of the AGM.
10. Proxy forms may be posted to: The Principal Officer, PO Box 14812, Hatfield, Pretoria, 0028; hand delivered at Crestway Office Park, Block A, 20 Hotel Street, Persequor Park, Lynnwood, Pretoria, 0081; or sent by email to: [2025agm@polmed.co.za](mailto:2025agm@polmed.co.za) not later than 17:00 pm, seven (7) calendar days (03 July 2025) before the date of the AGM.