NAMDEB MEDICAL AID SCHEME

To: Notice to All Namdeb Medical Aid Scheme Members

RE: CALL FOR NOMINATION OF EMPLOYEE TRUSTEE REPRESENTATIVES

Nomination of Candidates

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

Voting

- [illegible]
- [illegible]
- [illegible]
- [illegible]

Who is eligible to stand as candidate?

[illegible]

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

[illegible]

NAMDEB MEDICAL AID SCHEME

MEMBER TRUSTEE NOMINATION FORM

SECTION 1: To be completed by nominating member (Nominator)

I, ……..

Name and Surname of Nominating Member **(PLEASE PRINT NAME IN BLOCK LETTERS)**

Namdeb Medical Scheme Membership Number ……hereby nominate

……

Name of nominated member (PLEASE PRINT NAME IN BLOCK LETTERS)

to fill the position of Trustee on the Board of Trustees of the Namdeb Medical Aid Scheme in terms of Rule 19 of the Rules of the Scheme.

SECTION 2: To be completed by nominated member (Nominee)

I, the undersigned, Namdeb Medical Scheme Membership number …….
declare acceptance of the nomination to stand as a candidate for election to the Board of Trustees of the Namdeb Medical Scheme in terms of Rule 19 of the Rules of the Scheme.
I declare further that, I am not disqualified from becoming a Trustee by the Scheme Rules.

SECTION 3: To be completed by nominated member (nominee) reflecting his/her reasons for wanting to become a Trustee in the Namdeb Medical Scheme (maximum of 60 words).

SECTION 4: TO BE COMPLETED BY 5 NAMDEB MEDICAL SCHEME PRINCIPAL MEMBERS IN SUPPORT OF THE CANDIDATE NOMINATION

- **Whereby the undersigned declare their support for the nominated person to stand as a candidate for election on the Namdeb Medical Scheme Board of Trustees.**

	INITIALS/ SURNAME	MEMBERSHIP NUMBER	ID NUMBER	SIGNATURE
1.				
2.				
3.				
4.				
5.				

All sections of the form plus the Namfisa questionnaire must be completed in full and must reach the Principal Officer or Fund Manager by no later than the nomination cut-off date of 20 November 2015.

With my signature below, I confirm that I have read and agree that I meet the requirements in terms of the Rules of the Scheme (section 19).

………………………………………………………. ……………………………………………

SIGNATURE OF CANDIDATE **DATE**