

2025 Nomination Form

for nomination to serve as a Trustee on the Board of Discovery Health Medical Scheme

Rules for completion of the nomination form

- 01 | The Board of Trustees of Discovery Health Medical Scheme ('DHMS' or 'the Scheme') has appointed Forvis Mazars as the Independent Electoral Body ('IEB') to assist the Scheme's independent Nomination Committee ('NomCo'), who will oversee the nominations process from a governance perspective, as well as oversee the nominations process implemented by the IEB.
- 02 | The IEB is responsible for the following nomination, electoral and voting activities:
 - receiving and vetting of nominations;
 - preparation of final candidate list;
 - receiving and vetting of proxies;
 - managing the actual election which will be conducted at the AGM and/or virtually (if applicable); and
 - counting and producing a final report of all voting at the AGM.
- 03 | All nominations must be submitted directly to the IEB (see below for details) only using the prescribed nomination form. **Any nomination forms sent to the Scheme Office will not be considered.**
- 04 | Only Principal Members in good standing with the Scheme (i.e. Principal Members whose contributions are up to date and are not suspended for any reason such as abuse of benefits, false claims, misrepresentation and non-disclosure of factual information) may make nominations and be nominated. The nominator (a Principal Member in good standing who proposes or nominates another Principal Member in good standing to stand as a candidate for election as a trustee) and the nominee (a Principal Member in good standing who has been proposed or nominated for the position of trustee) must be in good standing with the Scheme as at the date of nomination. The nominee must remain in good standing with the Scheme at the date of closing of the call for nominations, being 29 January 2025 at 12:00 (midday) South African Standard Time (SAST) and for the full duration of the election process.
- 05 | The nominee's compliance with the Scheme's rules and requirements for fit and proper, will be assessed at the date of nomination. The nominee is required to remain compliant throughout the nomination process.
- 06 | Principal Members may not nominate themselves to stand for election, i.e. a self-nomination is prohibited.
- 07 | The nomination form must be completed and signed by the nominator (Section 1) and completed and signed by the nominee (Sections 2 and 3). The nominee must indicate their acceptance of the nomination to stand for election, answer all relevant questions, submit all required documents and make all the necessary disclosures as indicated on the nomination form.
- 08 | The nomination form must be completed fully and properly, including making all the necessary disclosures as indicated on the nomination form, to ensure that the nomination can be considered. Failure to complete the nomination form, or the failure to provide any document requested as part of the nomination process, may render the nomination invalid.

Please initial here	Nominator	Nominee

- 09** | For the purpose of vetting, the nominee is required to submit the following documents together with the completed and signed nomination form:
- A detailed curriculum vitae;
 - An abridged curriculum vitae of no more than 100 words;
 - A short manifesto of no more than 200 words;
 - A certified copy of the nominee’s identity document (‘ID’);
 - A certified copy of the nominee’s highest academic qualification; and
 - Proof of the nominee’s SARS personal tax clearance, alternatively the nominee’s SARS e-filing pin.
- 10** | With respect to the abridged curriculum vitae, the nominee could consider the following guidelines:
- Current/previous employment;
 - Current/ previous trusteeships and directorships;
 - Qualifications;
 - Years of experience; and
 - Industry experience.
- 11** | The abridged curriculum vitae of no more than 100 words must be accompanied by a short manifesto of no more than 200 words. This manifesto will be subject to a quality review by the IEB in consultation with the nominee. The abridged curriculum vitae and short manifesto of the successful candidates will be published in a candidate booklet, which will be made available to all Principal Members of the Scheme.
- 12** | The IEB will review the submitted nomination form, together with supporting documents, and the nominee’s eligibility will be decided upon by the Nomination Committee, in terms of the Medical Schemes Act 131 of 1998 (as amended), read with the rules of the Scheme (‘Scheme Rules’) and Council for Medical Scheme (‘CMS’) guidelines, and other applicable circulars issued from time to time.
- 13** | The duly completed and signed nomination form, together with the required documents, must reach the IEB by no later than 12:00 (midday) on 29 January 2025, South African Standard Time (SAST). Please consider potential delays you may experience using the South African postal services which could result in your nomination form not reaching the IEB before the closing date and time. Nomination forms received after the closing date and time will not be considered.
- 14** | The nomination form and above documents should be submitted to the IEB either by:
- Email (in PDF format) to **DHMS2025AGM@forvismazars.com**; or
 - By post to PO Box 6697, Johannesburg, 2000; or
 - Physical delivery, in an envelope clearly marked DHMS 2025 Trustee Elections, for the attention of Director/Partner – Governance and Strategy, to any of the following Forvis Mazars offices:
 - Johannesburg: Mazars House, 54 Glenhove Road, Melrose Estate;
 - Pretoria: Castle Gate Offices, C/o Solomon Mahlangu Drive & Van Ryneveld Avenue, Waterkloof Ridge;
 - Durban: Ridgeside Office Park, 21 Richefond Circle, Umhlanga Ridge;
 - Cape Town: Mazars House, Rialto Road – Grand Moorings Precinct, 7441 Century City;
 - Bloemfontein: 101 on Olympus, Pentagon Park;
 - Gqeberha: Waterfront Business Park, Pommern Street, Humeralil; or

The abovementioned Forvis Mazars offices will only be open between 08:00 and 16:30, Mondays to Fridays. They will not be open on Saturdays, Sundays or public holidays.

Please initial here	Nominator	Nominee

Section 2: Disclosures (to be completed by the nominee)

Please tick the relevant box for each question.

Should the space provided for your explanations not be sufficient, please feel free to attach additional explanations on a separate page.

01 | Have you ever suffered from a mental illness that has rendered you incapable of managing your affairs, been institutionalised or otherwise been incapable of managing your affairs due to mental illness?
If yes to any of the above, please provide relevant details.

Y	N
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02 | Have you ever been declared insolvent or filed for bankruptcy or have you ever surrendered your estate or had assets sequestrated for the benefit of creditors or any proceedings of this nature?
If yes to any of the above, please provide relevant details.

Y	N
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03 | Do you have or have you ever had any default judgment against you, or do you have any credit default action(s) pending against you or are you currently under debt review? *If yes to any of the above, please provide relevant details.*

Y	N
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04 | Do you have any civil judgments against you? *If yes, please provide relevant details.*

Y	N
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05 | Have you ever been convicted or are currently being prosecuted for a criminal offence or paid an admission of guilt fine, in the Republic of South Africa or elsewhere, which may or may not have resulted in a period of imprisonment? *If yes to any of the above, please provide relevant details on the nature of the offence and the date of the conviction.*

Y	N
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06 | Have you ever been removed or sanctioned by the Court or any other lawful authority from any office of trust on account of misconduct or any other reasons whatsoever? *If yes to any of the above, please provide relevant details.*

Y	N
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07 | Have you ever been disqualified under any law or by any professional body from practising your profession?
If yes, please provide relevant details on the nature and date of the disqualification.

Y	N
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08 | Have you been found guilty or had any other remedial action in relation to misconduct or been dismissed in any place (s) of employment or from office or a position of trust? *If yes to any of the above, please include relevant date(s), name(s) of organisation(s) and contact person(s).*

Y	N
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09 | Have you ever been disqualified under any law, or the Scheme Rules, or the rules of any other medical scheme, Pension Fund or other institution, to hold the office of Trustee? *If yes to any of the above, please provide relevant details on the nature and date(s) of the disqualification.*

Y	N
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10 | Have you ever been declared ineligible or disqualified to become a director in terms of Section 69 of the Companies Act 71 of 2008 as amended? *If yes, please provide relevant details.*

Y	N
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11 | Are you currently holding and/or have you previously held any directorship(s), a member of a Close Corporation or trusteeship(s)? *If yes, please provide relevant details on the organisations, nature of business and date(s) of the directorship(s) or trusteeship(s).*

Y	N
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12 | Have the entities that you are/ or have been affiliated with, including your employer ever been associated or conducted business with any Medical Scheme, Administrators, Managed Care Organisations, Brokerage, or any other healthcare service provider? *If yes, please provide relevant details on the details as to the entity, role and duration of association).*

Y	N
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13 | Are you, or have you ever been an employee, director, officer, consultant, principal officer or other office bearer of any medical scheme? *If yes, please provide relevant details.*

Y	N
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14 | Do you have, or have you in the last 10 years had any shares or any other financial interest(s) in, and/or relationships ('business or personal') with, any current service provider(s) (including being a director, employee, consultant, contractor or officer) of the Scheme and/or of the Scheme's administrator, and/or of the holding company, subsidiary, joint venture or associate of that administrator? *If yes, please provide relevant details.*

Y	N
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15 | Are you, or have you ever been associated with, a Politically Exposed Person (PEP)? NOTE: A PEP is a person who is entrusted with political or public office or a prominent public function. *If yes, please provide relevant details.*

Y	N
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16 | Do you have any past or present affiliations including roles within health departments, public hospitals, or health institutions. The disclosure should also cover any significant influence on public health decisions and/or policies. *If yes to any of the above, please provide relevant details.*

Y	N
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17 | Are you aware of any additional information not covered by the above questions which you believe may impact your nomination? *If yes, please provide relevant details.*

Y	N
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18 | Are you an employee, director, officer, consultant, contractor or person associated with a supplier of goods or services (including a relevant health service), to the Scheme or its administrator or to the holding company, subsidiary, joint venture or associate of its administrator, where the supply of such services and goods forms a significant percentage of the supplier's business (in excess of 25% of gross revenue shall be deemed to be 'a significant percentage' of the supplier's business)? *If yes, please provide relevant details.*

Y	N
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Should the space provided for your information not be sufficient, please feel free to attach additional information on a separate page.

Section 3: Declaration and acceptance to be completed by the nominee

I, _____

ID no:

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DHMS membership no:

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being a Member of DHMS in good standing, hereby declare that:

- 01** | I accept the nomination to stand as a candidate for election to the Board of Trustees of DHMS.
- 02** | I accept that my nomination will be evaluated as at the date of the signed nomination form.
- 03** | I am over the age of 21 years.
- 04** | I accept the nomination out of my own free will, without any force or coercion and am fully aware of the obligations that such an office entails.
- 05** | I declare that the information provided in Section 2 above is complete, true and correct.
- 06** | I confirm that I have familiarised myself with the requirements for holding the position of Trustee of DHMS and declare that I am fit and proper to do so.
- 07** | I confirm that I am not disqualified under any law or under the Scheme Rules to hold the office of Trustee.
- 08** | I confirm that I am in good standing with DHMS.
- 09** | All information was provided voluntarily and is complete and correct to the best of my knowledge.
- 10** | Should I become aware of any matter or event that may affect my nomination to stand for election, I undertake to notify the IEB, in writing, of such a matter/ event as soon as I become aware of it.
- 11** | I consent that Forvis Mazars may conduct any investigation and scrutiny into my background, including the conducting of credit checks, employment history checks, criminal record checks, SARS personal tax clearance checks and other necessary background checks, including ascertaining whether I am a politically exposed person, in order to determine my eligibility to stand for election and to act as a Trustee. I undertake to provide the necessary consent and information to enable Forvis Mazars to carry out these tasks.
- 12** | I consent that Forvis Mazars may require or seek further information from myself and/or any third party it deems necessary in accessing my nomination.
- 13** | I accept that failure to provide information within the timelines set, may result in disqualification of my nomination to stand for election as a Trustee.
- 14** | I accept that if it is found that any information is omitted, or information that has been supplied is false, I may be disqualified from standing for election.

Nominee signature **Full names of nominee (please include former name if you have had a name or surname change):**

Name(s): _____

(As per your Identity Document)

Surname: _____

Maiden Surname (please include former name if you have had a name or surname change): _____

Identity number: _____

Contact details of nominee:

Telephone number (H): _____

Telephone number (W): _____

Cell phone number: _____

E-mail address: _____

Postal address: _____

Residential address: _____

All queries that relate to the nomination process must be directed to the IEB only, at telephone number 011 547 4212 or email: DHMS2025AGM@forvismazars.com. The IEB will be the only party that will respond to any queries related to the nomination process

Please initial here	Nominator	Nominee