

2024 Nomination Form for nomination to serve as a Trustee on the Board of Discovery Health Medical Scheme (“DHMS”/“the Scheme”)

Rules for completion of the nomination form

1. The Board of Trustees of Discovery Health Medical Scheme (“DMHS” or “the Scheme”) has appointed Mazars as the Independent Electoral Body (“IEB”) to assist the Scheme’s independent Nomination Committee, who will oversee the nomination process from a governance perspective.
2. 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
 - Counting and producing a final validated report of all voting at the AGM
3. All nominations must be submitted directly to the IEB only using the attached prescribed nomination form. **Any nomination forms delivered to the Scheme Office, either by hand, email or by fax, will not be considered.**
4. 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) may make nominations and be nominated. The nominator and the nominee must be in good standing with the Scheme as at the date of closing of the call for nominations, being 31 January 2024 at 12:00 (midday) South African Standard Time (SAST). The nominee must remain in good standing with the Scheme for the full duration of the election process.
5. Principal Members may not nominate themselves to stand for election.
6. The nomination form must be signed by the nominator and by the nominee. 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.
7. The nomination form must be completed fully and properly 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.
8. 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;
 - 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.

9. With respect to the abridged curriculum vitae, the nominee could consider the following guidelines:
- Current/previous employment;
 - Qualifications;
 - Years of experience; and
 - Industry of experience.
10. The abridged curriculum vitae must be accompanied by a short manifesto of no more than 200 words. This manifesto will be subject to scrutiny by the Nomination Committee. The abridged curriculum vitae and short manifesto will be published in a candidate booklet, which will be made available to all Principal Members of the Scheme.
11. The IEB will review the submitted nomination form and the nominee's eligibility will be determined by the Nomination Committee, in terms of the Medical Schemes Act 131 of 1998, read with the rules of the Scheme ("Scheme Rules").
12. The duly completed and signed nomination form, together with the required documents, must reach the IEB by no later than 12:00 (midday) on 31 January 2024 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 this date and time will not be considered.
13. The nomination form and above documents should be submitted to the IEB either by:
- Email (in PDF format) to DHMS2024AGM@mazars.co.za; or
 - By post to PO Box 6697, Johannesburg, 2000; or
 - Physical delivery, in an envelope clearly marked DHMS 2024 Trustee Elections, for the attention of Mr Ishan Bhowani – Director, to any of the following 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, Humeral; or
 - Paarl: Suite 16, Cecilia Square, 100 Cecilia Street.

The abovementioned 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.

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.

1. 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, please provide relevant details.*

Y	N
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2. Have you ever been declared insolvent or have you ever surrendered your estate for the benefit of creditors? Are you currently under debt review? *If yes, please provide relevant details.*

Y	N
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3. Do you have any credit default action(s) pending against you? Do you have or have you ever had any default judgements against you? *If yes, please provide details.*

Y	N
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4. Have you ever faced any civil litigation and/or do you have any civil judgements against you? *If yes, please provide details.*

Y	N
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5. Have you ever been convicted of a criminal offence, including the payment of 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, please provide details on the nature of the offence and the date of the conviction.*

Y	N
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6. Have you been, or are you currently being prosecuted for any criminal offence in the Republic of South Africa or elsewhere? *If yes, please provide details on the nature of the offence.*

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

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

Y	N
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9. Have you faced, or are you facing disciplinary or other remedial action in relation to misconduct in any place (s) of employment? *If yes, please include relevant date(s), name(s) of organisation(s) and contact person(s).*

Y	N
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10. Have you ever been dismissed from any employment? *If yes, please include relevant date(s), name(s) of organisation(s) and contact person(s).*

Y	N
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11. Have you faced, or are you facing litigation or other similar remedial action(s) relating to your professional conduct or other unethical practice(s)? *If yes, please provide details.*

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

Y	N
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13. Have you faced or are you facing legal, disciplinary or other action(s) that may result in your removal from office or a position of trust? *If yes, please provide details.*

Y	N
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14. 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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15. Are you currently holding and/or have you previously held any directorship(s) or trusteeship(s)? *If yes, please provide details on the nature and date(s) of the directorship(s) or trusteeship(s).*

Y	N
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16. 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 details.*

Y	N
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17. Do you have, or have you ever 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 details.*

Y	N

18. 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 details*

Y	N

Should the space provided for your explanations not be sufficient, please feel free to attach additional explanations 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:

1. I accept nomination to stand as a candidate for election to the Board of Trustees of DHMS.
2. I am over the age of 21 years.
3. I accept nomination out of my own free will, without any force or coercion and am fully aware of the obligations that such an office brings.
4. I declare that the information provided in Section 2 above is complete, true and correct.
5. 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.
6. I confirm that I am not disqualified under any law or under the Scheme Rules to hold the office of Trustee.
7. I confirm that I remain in good standing with DHMS.
8. I consent that 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 Mazars to carry out these tasks.
9. 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.
10. 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:

Contact details of nominee:

Telephone number (H): _____

Telephone number (W): _____

Cell phone number: _____

E-mail address: _____

Postal address: _____

Residential address: _____