

MEMBER TRUSTEE NOMINATION FORM



taking care of our own

SECTION 1: To be completed by the Proposer

(must be a principal member)

I, the undersigned, confirm that I am a principal member of Moto Health Care and that I am in good standing with the Scheme.

Details of Proposer:

Full name

Surname

Identity number

Membership number

Details of Nominee:

I hereby nominate

Moto Health Care membership number to stand as a candidate to fill the position of Member-elected Trustee on the Board of Trustees of Moto Health Care in accordance with the Rules of the Scheme.

Signature of proposer _____

Date

SECTION 2: To be completed by the Nominee

(person being nominated who must be a principal member)

I accept the nomination to stand as a candidate for election as a Trustee of Moto Health Care. I have read and understand the nomination criteria set-out in the nomination notice attached hereto and I further declare that I am not disqualified under any law or the rules of Moto Health Care from becoming a Trustee and declare that I am fit and proper to do so.

Full name

Surname

Identity Number

Membership Number

Office Number Mobile Number

Email Address

Street Name

Suburb

City Zip Code

Signature of nominee _____

Date

SECTION 3: To be completed by the Seconder

(an additional principal member supporting the same nomination)

I, the undersigned, confirm that I am a principal member of Moto Health Care and I am in good standing with the Scheme.

Details of Seconder:

Full name

Surname

Identity number

Membership number

Details of Nominee:

I hereby second the nomination of

Moto Health Care membership number to stand as a candidate to fill the position of Member-elected Trustee on the Board of Trustees of Moto Health Care in accordance with the rules of the Scheme.

Signature of seconder _____

Date

Note:

- A principal member may not nominate, propose or second him or herself as a candidate to stand for election.
- This form must be completed in full and signed by the relevant parties.
- The member must also complete the vetting form provided, to be submitted together with the required documents as set out therein and in the Call for Nomination form.
- The nominee must meet the qualifying criteria and skills required of a Trustee, as set out in the nomination notice and rules of the Scheme.
- The completed forms and required documents must reach the Principal Officer of the Scheme via email at agm@mhcmf.co.za by no later than 1700 on 5 July 2024.

Forms that do not meet the requirements set out in the nomination notice and the Rules of the Scheme will be disqualified.

Only successful nominees will be notified of the election process to be followed, which will take place at the Annual General Meeting on 12 September 2024.