

# PROXY FORM



taking care of our own

(PLEASE PRINT IN BLOCK LETTERS)

I (Initial and surname)   
membership number  and identity number   
being an active principal member of Moto Health Care Medical Scheme, do hereby appoint (initials and surname)  
  
with membership number  or in the absence of a name being inserted, the  
Chairperson of the Annual General Meeting (AGM) as my proxy, to attend, speak and vote for me at the AGM to be  
held virtually on Thursday 17 July 2025 at 11:00 am, or at any adjournment thereof.

\_\_\_\_\_  
Signature of member

Date

This proxy form must be completed and returned to:  
Email: [agm@mhcmf.co.za](mailto:agm@mhcmf.co.za)

Proxy Forms must be received by no later than 17h00 on Friday, 4 July 2025

## NOTES

1. In accordance with the Rules of the Scheme, only active principal members or their proxy in good standing and in attendance at the virtual AGM will be allowed to vote.
2. A member is entitled to submit one proxy form only.
3. By giving proxy a member assigns his or her rights to attend, speak and vote as indicated, to the member appointed as the proxy holder.
4. The member giving proxy may revoke it at any time before the commencement of the AGM.
5. Proxy forms that do not comply with the Scheme Rules will be deemed invalid and rejected. Any alterations or corrections made on this form must be initialed by the member giving proxy.
6. Proxy holders must attend the virtual AGM.
7. The Chairperson of the AGM may reject or accept any proxy forms that are completed and/or received other than in accordance with these instructions.
8. The audited Annual Financial Statements are available for inspection by Members on the Scheme website [www.mhcmf.co.za](http://www.mhcmf.co.za)