

**PROXY FORM  
RESCHEDULED ANNUAL GENERAL MEETING 25 AUGUST 2021**

I, \_\_\_\_\_, member number \_\_\_\_\_,

being a principal member of TRANSMED MEDICAL FUND, hereby appoint

\_\_\_\_\_, member number \_\_\_\_\_,

as my proxy to attend, speak and vote (if required) on my behalf at the TRANSMED ANNUAL GENERAL MEETING to be held on Wednesday, 25 August 2021 at 14:00, or at any adjournment thereof.

\_\_\_\_\_  
**SIGNATURE OF WARRANTOR** **DATE**

\_\_\_\_\_  
**SIGNATURE OF PROXY HOLDER** **DATE**

**IMPORTANT**

1. The PROXY FORM must reach the Fund by no later than 16:00 on 22 August 2021 and may be:
  - hand delivered to the Fund's office at Traduna House, 118 Jorissen Street, Braamfontein;
  - posted to PO Box 32043, Braamfontein 2017;
  - faxed to 011 403 1740; or
  - emailed to [fundmanagement@transmed.co.za](mailto:fundmanagement@transmed.co.za).
2. Any amendments or corrections to this form must be initialled by the warrantor.
3. Each member is entitled to appoint one proxy who must be a member of the Transmed Medical Fund.