

**PROXY FORM
ANNUAL GENERAL MEETING 17 NOVEMBER 2020**

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 Tuesday, 17 November 2020 at 14:00, or at any adjournment thereof.

_____ SIGNATURE OF WARRANTOR	_____ DATE
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_____ SIGNATURE OF PROXY HOLDER	_____ DATE
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IMPORTANT

1. The PROXY FORM must reach the Fund by no later than 16:00 on 13 November 2020 and may be:
 - hand delivered to the Fund's office at 101 De Korte Street, Braamfontein;
 - posted to PO Box 32043, Braamfontein 2017;
 - faxed to 011 403 1740; or
 - emailed to 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.