

**PROXY FORM
ANNUAL GENERAL MEETING 28 JUNE 2022**

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, 28 June 2022 at 13:00, 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 25 June 2022 and may be:
 - hand delivered to the Fund's office at Traduna House, 118 Jorissen Street, Braamfontein;
 - posted to PO Box 2269, Bellville 7535;
 - 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.