

**PROXY FORM  
ANNUAL GENERAL MEETING 25 JUNE 2025**

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 June 2025 at 13:00, or at any adjournment thereof.

_____ <b>SIGNATURE OF WARRANTOR</b>	_____ <b>DATE</b>
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_____ <b>SIGNATURE OF PROXY HOLDER</b>	_____ <b>DATE</b>
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**IMPORTANT**

1. The PROXY FORM must reach the Fund by no later than 16:00 on 20 June 2025 and may be:
  - 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.