PROXY FORM
RESCHEDULED ANNUAL GENERAL MEETING 6 AUGUST 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 RESCHEDULED TRANSMED ANNUAL GENERAL MEETING to be held on Wednesday, 6 August 2025 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 1 August 2025 and may be:
   - 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.