

**MEMBER TRUSTEE ELECTION
NOMINATION FORM 2025**

DETAILS OF THE NOMINEE

Membership number	<input type="text"/>	ID number	<input type="text"/>
Surname	<input type="text"/>		
Full names	<input type="text"/>		
Cell phone number	<input type="text"/>	Alternative contact number	<input type="text"/>
Email address	<input type="text"/>		

DETAILS OF THE PROPOSER

Membership number	<input type="text"/>	ID number	<input type="text"/>
Surname	<input type="text"/>		
Full names	<input type="text"/>		
Cell phone number	<input type="text"/>	Alternative contact number	<input type="text"/>
Email address	<input type="text"/>		

Signature of proposer	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>
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ACCEPTANCE OF NOMINATION (THE NOMINEE SHOULD COMPLETE THIS SECTION)

I, _____, accept the nomination to be elected as a Trustee of Transmed Medical Fund.

Signature of nominee	<input type="text"/>	Date	<input type="text" value="DD/MM/YYYY"/>
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SUBMISSION OF NOMINATIONS

The nomination period starts on 1 September 2025 and ends on 31 October 2025. **Kindly DO NOT send your nomination form before 1 September 2025, as it will be invalidated.**

The nomination form, duly completed and signed, must be submitted to election2025@transmedfund.co.za by **no later than 31 October 2025**.

If the form is incomplete or the information provided is incorrect, such a nomination form will not be valid.

Note! Personal information provided by the nominee and proposer will be processed, as set out in Transmed's privacy policy, or as otherwise authorised in terms of any law.

The Transmed privacy policy is available on the Transmed website at www.transmed.co.za.