



## MEMBER TRUSTEE ELECTION

### NOMINATION FORM 2023

#### DETAILS OF THE NOMINEE

Membership number	<input type="text"/>		
Surname	<input type="text"/>		
Full names	<input type="text"/>		
ID number	<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"/>		
Surname	<input type="text"/>		
Full names	<input type="text"/>		
ID number	<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"/>
			DD/MM/YYYY

#### ACCEPTANCE OF NOMINATION (THE NOMINEE SHOULD COMPLETE THIS SECTION)

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

#### SUBMISSION OF NOMINATIONS

The nomination period has been extended to **30 April 2023**.

The nomination form, duly completed and signed, must be submitted to any of the channels below by no later than **30 April 2023**. Any nomination already submitted can be resubmitted.

- Email: [election2023@transmedfund.co.za](mailto:election2023@transmedfund.co.za)
- Fax: 087 809 6177

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

**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](http://www.transmed.co.za).