

NOMINATION FORM OF DISCOVERY HEALTH MEDICAL SCHEME (DHMS/THE SCHEME)

Rules for completion of the nomination form

- 01** | The Board of Trustees of Discovery Health Medical Scheme (DHMS/the Scheme) has appointed PricewaterhouseCoopers Advisory Services (Pty) Ltd (PwC) as the Independent Electoral Body (IEB) to assist the Nomination Committee, who will oversee the nomination process from a governance perspective.
- 02** | PwC has been appointed in the capacity of the IEB in respect of the following electoral processes and voting activities:
- the call for nominations;
 - receiving and vetting of nominations;
 - receiving and vetting of proxies; and
 - overseeing the actual election which will be conducted at the AGM to be held on 25 June 2020.
- 03** | **All nominations must be submitted directly to PwC only** using the attached prescribed nomination form. **Any nomination forms delivered to the Scheme Office, either by hand, e-mail or by fax, will not be considered.**
- 04** | Only Principal Members in good standing with DHMS may nominate other Principal Members (nominees). The person nominating (nominator) must sign the nomination form and must be in good standing with DHMS (meaning that their contributions are up to date) as at the date of closing of the call for nominations, being 14 February 2020.
- 05** | Only Principal Members in good standing with DHMS are eligible to stand for election. Nominees must be in good standing from the date of closing of the call for nominations, and remain so until the date of the elections.
- 06** | Principal Members may not nominate themselves to stand for election.
- 07** | The nomination form must also be signed by the nominee (the person being nominated to stand for election) indicating his/her acceptance of the nomination to stand for election. The nominee must also answer all relevant questions, submit all required documents and make all the necessary disclosures as indicated on the nomination form.
- 08** | The duly completed and signed nomination form, signed by both the nominator and nominee, must be accompanied by a detailed curriculum vitae of the nominee. The nomination form must be completed fully and properly to ensure that the nomination can be considered. Failure to complete the nomination form, or the failure to provide any document requested as part of the nomination process, may render the nomination invalid.
- 09** | For the purpose of vetting, the nominee is required to submit the following documents together with the completed and signed nomination form:
- A detailed curriculum vitae;
 - A certified copy of the nominee's identity document;
 - A certified copy of the nominee's highest academic qualification;
 - Proof of the nominee's SARS personal tax clearance;
 - A recent high resolution photo of the nominee; and

- An abridged curriculum vitae of **no more than 100 words**, and a short election manifesto **not exceeding 200 words** – the election manifesto will be subject to scrutiny by the Scheme's independent Nomination Committee. The abridged curriculum vitae and manifesto must not exceed 300 words in total, for printing purposes. The abridged curriculum vitae, short manifesto and a photo will be published in a candidate booklet, which will be made available to all Principal Members of DHMS.
- 10** | PwC will review the submitted nomination form and the nominee's eligibility will be decided upon by the Nomination Committee, in terms of the Medical Schemes Act 131 of 1998, read with the Scheme Rules.
- 11** | The duly completed and signed nomination form, together with the required documents as discussed above, is required to reach PwC by **no later than 12:00 (midday) on Friday, 14 February 2020**. Nomination forms received after this date and time will not be considered.

12 | The nomination form and above documents should be submitted to PwC either by:

- Email (in PDF format) to za_dhmselection2020@pwc.com; or
- Physically delivered, in an envelope clearly marked **DHMS 2020 Trustee Elections, for the attention of Ms Boitumelo Lekoko – Director: Forensic Services**, to any of the following PwC offices:
 - PwC Bloemfontein, 61 Second Avenue, Westdene, Bloemfontein
 - PwC Cape Town, 5 Silo Square, V&A Waterfront, Cape Town
 - PwC Durban, 34 Richefond Circle, Ridgeside Office Park, Umhlanga Ridge, Durban
 - PwC East London, Acacia House, Palm Square Business Park, Bonza Bay Road, Beacon Bay, East London
 - PwC eMalahleni (Witbank), Second Floor WCMAS Building, corner of OR Tambo and Susanna Streets, eMalahleni
 - PwC Gauteng, 4 Lisbon Lane, Waterfall City, Jukskei View
 - PwC Kimberley, Roylglen Office Park, PwC Building, corner of Welgevonden Avenue and Memorial Road, Kimberley
 - PwC Mahikeng, 32 Jones Close, Leopard Park, Mmabatho, Mahikeng
 - PwC Middelburg, 11 Dolerite Crescent, Suite D, Middelburg
 - PwC Nelspruit, Block 5, Riverside Office Park, Aqua Street Nelspruit, Mbombela
 - PwC Pietermaritzburg, Block C, 21 Cascades Crescent, Cascades, Pietermaritzburg
 - PwC Port Elizabeth, PwC Building, Ascot Office Park, 1 Ascot Road, Port Elizabeth
 - PwC Robertson, 3 Church Street, Robertson
 - PwC Secunda, Kiewiet Office Park, Block A, corner of Kiewiet and Walter Sisulu Streets, Secunda
 - PwC Stellenbosch, Capital Place, 15 – 21 Neutron Avenue, Technopark, Stellenbosch or
 - PwC Worcester, corner of Mountain Mill and Eastlake Roads, Worcester

The abovementioned PwC offices will only be open between 08:00 and 16:30, Mondays to Fridays, excluding Saturdays, Sundays and public holidays.

All nominations must be submitted using this prescribed nomination form and all requirements contained in the form must be fulfilled. Failure to complete the nomination form as prescribed may result in disqualification. Because the Scheme has appointed PwC as its IEB, all nomination forms must be delivered directly to the IEB either by hand or email, as indicated in these rules for completion of the nomination form.

Nomination forms cannot be delivered to the DHMS Office. Any nomination forms delivered to DHMS' office either by hand, e-mail or by fax will not be considered.

Prescribed nomination form for completion

All nominations must be submitted using this prescribed nomination form and all requirements contained in the form must be fulfilled. Failure to complete the nomination form as prescribed may result in disqualification. Because the Scheme has appointed PwC as its IEB, all nomination forms must be delivered directly to the IEB either by hand or email, as indicated in the rules for completion of the nomination form. Please refer to pages 1 and 2 of this document.

Nomination forms cannot be delivered to the DHMS Office. Any nomination forms delivered to DHMS' office either by hand, e-mail or by fax will not be considered.

Section 1 | Nomination (to be completed by the nominator)

I, the undersigned, being a Principal Member of DHMS (nominator), in good standing, do hereby nominate _____ (nominee), who is a Principal Member of DHMS in good standing, to stand for election to serve as a Trustee of DHMS in accordance with the provisions of the Scheme Rules.

Nominator name and surname:

ID no:

DHMS membership no:

Signature of nominator: _____

Section 2 | Disclosures (to be completed by the nominee)

Please tick the relevant box for each question

- 01** | Have you ever been institutionalised in relation to, or suffered from, a mental illness which has rendered you incapable of managing your affairs? *If yes, please provide details.* Y N

- 02** | Have you ever been declared insolvent or have you surrendered your estate for the benefit of creditors? *If yes, please provide details.* Y N

- 03** | Have you applied for debt counselling or are you/have you ever been under debt review? *If yes, please provide details.* Y N

- 04** | Do you have any credit default action(s) pending against you? Do you have any default judgements against you? *If yes, please provide details.* Y N

- 05** | Have you faced any civil litigation and/or do you have any civil judgements against you? *If yes, please provide details.* Y N

06 | Have you ever had any allegations of crime levelled against you, and/or been arrested, detained, accused, prosecuted and/or convicted of a criminal offence, including the payment of an admission of guilt fine, in the Republic of South Africa or elsewhere, regardless of whether or not it has resulted in a period of imprisonment? *If yes, please provide details.*

Y N

07 | Have you been subjected to any allegations or proceedings under any code of conduct or law relating to unethical practice(s)? Have you faced disciplinary action, litigation, or similar remedial action relating to your professional conduct? Have you been disqualified under any law or by any professional body from practicing your profession? *If yes, please provide details.*

Y N

08 | Have you faced, or are you facing disciplinary or other remedial action in relation to misconduct, or have you been dismissed from any place(s) of employment? *If yes, please provide details.*

Y N

09 | Have you faced, or are you facing legal, disciplinary or other remedial action that has, or may result in your removal from any office or position of trust? *If yes, please provide details.*

Y N

10 | Have you ever been disqualified under any law, or the Rules of DHMS, or the rules of any other medical scheme or other institution, from holding the office of Trustee? *If yes, please provide details.*

Y N

11 | Have you ever been declared ineligible or disqualified as a director in terms of Section 69 of the Companies Act 71 of 2008? *If yes, please provide details.* Y N

12 | Have you ever been removed by any Court or any other lawful authority from any office of trust on account of misconduct or any other improper conduct? *If yes, please provide details.* Y N

13 | Have you previously held any directorships, trusteeships, been an officer or member of any form of governing body, member of a close corporation, principal officer, executive officer or a member of any board? *If yes, please provide details.* Y N

14 | Are you currently holding any directorships or trusteeships? Are you an officer or member of any form of governing body, member of a close corporation, principal officer, executive officer or a member of any board? *If yes, please provide details.* Y N

15 | Are you, or have you ever been an employee, director, officer, consultant, principal officer or other office bearer of any medical scheme? *If yes, please provide details.* Y N

16 | Are you, or have you ever been associated with, a Politically Exposed Person (PEP)?

Y N

NOTE: A PEP is a person who is entrusted with political or public office or a prominent public function. *If yes, please provide details.*

Should the space provided for your explanations not be sufficient, please feel free to attach additional explanations on a separate page.

Section 3 | Declaration and acceptance (to be completed by the nominee)

I, _____

 ID no:

 DHMS membership no:

being a Principal Member of DHMS in good standing, hereby declare that:

- 01** | I accept my nomination to stand as a candidate for election to the Board of Trustees of DHMS;
- 02** | I do so out of my own free will, without any force or coercion and am fully aware of the obligations that such an office brings;
- 03** | I declare that the information provided in Section 2 above is complete, true and correct;
- 04** | I confirm that I have familiarised myself with the requirements for holding an office of trust and any form of governing body and declare that I am fit and proper to do so;
- 05** | I confirm that I am not disqualified under any law or the Rules of DHMS to hold the office of Trustee;
- 06** | I confirm that I remain in good standing with DHMS;
- 07** | I further consent that PwC may conduct any investigation and scrutiny into my background, including the conducting of credit checks, employment history checks, criminal checks, SARS personal tax clearance checks and other necessary background checks, including whether I am a politically exposed person, in order to determine my eligibility to stand for election and to act as a Trustee. I undertake to provide the necessary consent and information to enable PwC to carry out this task.
- 08** | I accept that failure to comply in providing information by the timelines set, may result in disqualification of my nomination to stand for election to the DHMS Board.
- 09** | I accept that if it is found that any information is omitted, or information that has been supplied is false, I may be disqualified from standing for election.

Nominee signature

Full names of nominee: _____

Contact details of nominee:

Telephone number (H): _____

Telephone number (W): _____

Cell phone number: _____

E-mail address: _____

Postal address: _____

Residential address: _____