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PROXY FORM RHODES UNIVERSITY MEDICAL SCHEME ANNUAL GENERAL MEETING 04 JUNE 2019

I (Name in block letters)

Medical aid Number

Address.....

Being a principal member of RU Med Medical Scheme, hereby appoint:

1.

ofor failing him/her

2. The Chairman of the Annual General Meeting, as my proxy to vote in my stead, at the Annual General Meeting of the Scheme to be held in the Council Chambers, Rhodes University on 04 June 2019 at 12 noon.

Signed aton this the day of 2019.

Signature

Assisted by me (where applicable):

NOTES

- ❖ The person who has been nominated first on the proxy form and who is present at the Annual General Meeting will be entitled to act as proxy to the exclusion of those whose names follow.
- ❖ The completion and lodging of this form of proxy will not preclude the relevant member from attending the Annual General Meeting and speaking and voting in person, to the exclusion of any proxy appointed in terms hereof, should such member wish to do so.
- ❖ Forms of Proxy must be lodged at or posted to the Fund Manager, 7 Lutman Road, Richmond Hill, Port Elizabeth, 6001, (P.O. Box 1672, Port Elizabeth, 6000), or deposited in the medical box at Human Resources dept, Rhodes University, to reach us at least 48 hours prior to the AGM.