



Reg. No.:1013  
7 Lutman Street  
Richmond Hill | Port Elizabeth | 6001  
P.O. Box 1672 | Port Elizabeth | 6000  
Customer Care: 086 172 7773  
Email: [info@rumed.co.za](mailto:info@rumed.co.za) | [www.rumed.co.za](http://www.rumed.co.za)

## **NOTICE**

### **TRUSTEES ELECTION**

### **ANNUAL GENERAL MEETING 11 JUNE 2024**

All Rhodes University Medical Scheme members may propose persons to serve as Trustees on the RUMed Board.

The following is an extract of the Scheme rules relating to the election of trustees;

- Retiring members of the Board, are eligible for re-election.
- The proposer and seconder must be members of the Scheme.
- The proposer and seconder must sign the nomination form.
- The proposer and seconder must be in good standing with the Scheme.
- The candidate must be a member of the Scheme.
- The candidate must be in good standing with the Scheme.
- The candidate must sign the nomination form, to signify his/her consent to stand for election.
- The candidate must submit his/her current brief *curriculum vitae* (*max 1 page*) together with the nomination form.
- The candidate must be committed to the rules of the Scheme, avoid conflict of interests, and must declare any interest he/she may have in any particular matter serving before the Board.
- The Board has appointed an independent Firm of Auditors, to assist in this process as overseer of deliberations, and the voting process.
- The Council on Medical Schemes (CMS) encourages members of schemes to submit nominations of members to serve on boards of trustees who would enhance the racial and gender diversity of such boards.
- Please be aware that all applicants are subject to Lexis Nexus Vetting for criminal activity, fraud and fit and proper screening as per the Schemes vetting policy and must therefore supply a copy of their ID upon application and go for Fingerprints. This is a Scheme Cost and not for the applicant.

# **RUMed NOMINATION FORM**

**Being a principal member of RU Med Medical Scheme;**

I (Name in block letters) .....

Medical Scheme Number .....

Address .....

**Seconder;**

(Full name in block letters) .....

Medical Scheme Number .....

Address .....

**Hereby nominate;**

(Full name in block letters) .....

Medical Scheme Number .....

Address .....

Signed at .....on this the.....day of ..... 2024

.....  
Nominator

.....  
Seconder

.....  
Nominee

**NOTE;** Copy of a brief *curriculum vitae* (max 1 page) of nominee must be attached

Nominations to be submitted must reach the Principal Officer **7 days prior to the AGM to be held on the 11 June 2024**

Please refer to the AGM Notice for details.