

NOMINATION FORM

for nomination to serve as a Trustee on the Board 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 Deloitte & Touche ("Deloitte") as an Independent Electoral Body ("IEB") to assist the Nomination Committee. The Nomination Committee will oversee the nomination, vetting of nominees and election processes until finalisation of the voting results after the AGM.
- 02 | The IEB is responsible for the following nomination, electoral and voting activities:
 - Call for nominations;
 - Receiving and vetting of nominations;
 - Preparation of final candidate list;
 - Receiving and vetting of proxies; and
 - Overseeing the actual election which will be conducted at the AGM to be held on **23 June 2022**.
- 03 | All nominations must be submitted directly to Deloitte only using the attached prescribed nomination form. Any nomination form delivered to DHMS will be disqualified.
- 04 Only Members in good standing with DHMS may nominate other Members ("nominees"). The person nominating ("nominator") must sign the nomination form and must also be in good standing with DHMS (meaning that their contributions are up to date) as at the date and time of closing of the call for nominations at 12:00 (midday) on 14 February 2022. Member in this context and in terms of the Scheme Rules, refers to a person who is admitted as a Member in terms of the Rules but does not include a Dependant.
- **05** | Only Members in good standing with DHMS are eligible to stand for election. Nominees must be in good standing on the date and time of closing of the call for nominations, and remain so until the date of the elections.
- **06** | 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 and consent 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 and disclose any matter that may impact on their fitness and propriety to serve as a Trustee.
- **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 accurately to ensure that the nomination can be properly considered. Failure to complete the nomination form, or the failure to provide any document requested as part of the nomination process, may lead to a nomination being disqualified.
- 09 For the purpose of vetting of nominations, 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 South African Revenue Service ("SARS") personal tax clearance;
 - A recent high-resolution photo of the nominee; and
 - An abridged curriculum vitae of <u>no more than 100 words</u>, and a short election manifesto <u>not exceeding 200 words</u>. The election manifesto will be subject to scrutiny by the Scheme's independent Nomination Committee.
 - The abridged curriculum vitae and manifesto must collectively 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.

| Please | Nominator | Nominee |
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- 10 | The IEB will conduct vetting in respect of each nomination form received, as well as conduct background checks and assess the nominee against the eligibility criteria for a fit and proper Trustee. The vetting results and recommended list of nominees will be presented to the Nomination Committee for approval. The nominee's eligibility will be decided upon by the Nomination Committee in terms of the Scheme Rules.
- 11 | The duly completed and signed nomination form, together with the required documents as discussed above, must reach Deloitte **by no later than 12:00 (midday) on Monday, 14 February 2022**. Nomination forms received after this date and time will be disqualified.
- **12** The nomination form and above documents should be submitted to Deloitte either by:
 - Email (in PDF format) to za_dhmselections2022@deloitte.co.za;
 - Post, in an envelope clearly marked DHMS 2022 Trustee Elections, for the attention of Mr Leon Knoetze, Associate Director: Risk Advisory, to the following postal address:
 - PO Box 578, Cape Town, 8000, South Africa (please consider potential delays you may experience using the South African postal services which could result in your nomination form not reaching the IEB before the closing date and time, 12:00 (midday) on Monday, 14 February 2022)
 - Physical delivery, in an envelope clearly marked DHMS 2022 Trustee Elections, for the attention of Mr Leon Knoetze, Associate Director: Risk Advisory, to any of the following Deloitte offices:
 - Deloitte Johannesburg, 5 Magwa Crescent Waterfall City, Waterfall, Johannesburg, Gauteng, 2090
 - Deloitte Cape Town, The Ridge, 6 Marina Road, Portswood District, V&A Waterfront, Cape Town, 8000
 - Deloitte Durban, DTT Place, No.2 Pencarrow Crescent, Pencarrow Park, La Lucia Ridge Office Estate, La Lucia, Durban, KwaZulu Natal, 4051

The above mentioned Deloitte offices will only be open between 08:00 and 16:30 on Monday to Friday, excluding Saturday, Sunday and public holidays.

PRESCRIBED NOMINATION FORM FOR COMPLETION

All nominations must be submitted using this <u>prescribed</u> nomination form and all requirements contained in the form must be satisfied. Failure to complete the nomination form as prescribed may result in disqualification. All nomination forms must be delivered directly to <u>the IEB</u> either by hand, email or post 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 directly to DHMS. Any nomination form delivered to DHMS will be disqualified.

SECTION 1: NOMINATION (TO BE COMPLETED BY THE NOMINATOR)

I, the undersigned, being a Member of DHMS ("nominator"), in good standing, do hereby nominate

("nominee"), who is a 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. Member in this context and in terms of the Scheme Rules, refers to a person who is admitted as a Member in terms of the Rules but does not include a Dependant.

Nominator name and surname:

| Nor | mina | tor ID | no: | | | | | | | | | | | | | | |
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| Nor | nina | tor D | HMS | merr | bers | hip n | 10: | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Sigr | natur | e of r | nomii | nator | - | | | | | | | | | | | - | |

| Please | Nominator | Nominee |
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SECTION 2: DISCLOSURES (TO BE COMPLETED BY THE NOMINEE)

Please tick the relevant box for <u>each question</u>.

| Should the space provided for your explanations not be sufficient, please feel free to attach additional explanations or | n a separa | ite page |
|---|------------|----------|
| 01 Have you ever been institutionalised in relation to, or suffered from, a mental illness which has rendered you incapable of managing your affairs (Scheme Rule 17.15.1)? <i>If yes, please provide details.</i> | Y | N |
| | | |
| 02 Have you ever been declared insolvent or surrendered your estate for the benefit of creditors (Scheme Rule 17.15.2)? <i>If yes, please provide details.</i> | Y | N |
| 03 Have you applied for debt counselling or are you/have you ever been under debt review (Scheme Rule 17.1)? | Y | N |
| If yes, please provide details. | | |
| 04 Do you have any credit default action(s) pending against you? Do you have any default judgements against you (Scheme Rule 17.1)? <i>If yes, please provide details.</i> | Y | N |
| 05 Have you faced, or are you potentially facing, any civil litigation and/or do you have any civil judgements against you (Scheme Rule 17.1)? <i>If yes, please provide details.</i> | 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 (Scheme Rules 17.1 and 17.15.3)? <i>If yes, please provide details</i> . | Y | N |
| | | |

| Please | Nominator | Nominee |
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| 07 | Have you been subjected to any allegations or proceedings under any code of conduct or law relating to unethical practice(s)? | Υ | N |
|----|---|---|---|
| | Have you faced disciplinary action, litigation, or similar remedial action relating to your professional conduct? | Y | N |
| | Have you been disqualified under any law or by any professional body from practicing your profession (Scheme Rules 17.1 and 17.15.5)? <i>If yes, please provide details.</i> | Y | N |
| | | | |
| 08 | Have you ever faced disciplinary or other remedial action in relation to misconduct, or have you been dismissed from any place(s) of employment (Scheme Rule 17.1)? <i>If yes, please provide details.</i> | Y | N |
| | | | |
| 09 | 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 or removed from any office or position | Y | N |
| | of trust (Scheme Rules 17.1 and 17.15.4)? <i>If yes, please provide details.</i> | | |
| | Have you ever been removed from office of Trustee of a medical scheme by the Council for Medical | | |
| | Schemes (Scheme Rule 17.15.8) or, have you ever been the trustee of a medical scheme whilst the scheme was under curatorship or subject to a similar intervention? <i>If yes, please provide details.</i> | Y | N |
| | | | |
| 11 | Do you currently hold, or have you previously held any trusteeships of any other medical scheme or schemes? If yes, please provide details. | Y | N |
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| Please | Nominator | Nominee |
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| 12 Have you previously been a director, an officer or member of any company, governing body, close corporation or principal officer, executive officer or a member of any board? <i>If yes, please provide details.</i> | Y | N |
|--|---|---|
| If "yes" and, while occupying any such directorship or office, have you ever been subjected to a formal enquiry, custodianship, business rescue, or liquidation? <i>If yes, please provide details.</i> | Y | N |
| | | |
| | | |
| | | |
| 13 Are you currently a director, an officer or member of any company, form of governing body, close corporation or principal officer, executive officer or a member of any board? <i>If yes, please provide details.</i> | Υ | Ν |
| If "yes" and, while occupying any such current directorship or office, have you been subjected to a formal enquiry, custodianship, business rescue, or liquidation? <i>If yes, please provide details.</i> | Υ | Ν |
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| | | |
| Have you ever been declared ineligible or disqualified as a director in terms of Section 69 of the Companies Act 71 of 2008 (Scheme Rule 17.1) or in terms of any other law, regulation or rule, or similarly declared ineligible or removed from a corporate role of office? <i>If yes, please provide details.</i> | Y | N |
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| 15 Have you ever been removed by any Court or any other authority from any office of trust on account of misconduct or any other improper conduct (Scheme Rule 17.15.4)? <i>If yes, please provide details.</i> | Y | Ν |
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| | | |
| 16 Are you, or have you ever been an employee, director, officer, consultant, principal officer, auditor, or other office bearer of DHMS (Scheme Rules 17.7.5 to 17.7.7)? <i>If yes, please provide details.</i> | Υ | N |
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| Please | Nominator | Nominee |
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| 17 Are you, or have you ever been the legal advisors or employed by the legal advisors of the Scheme or of the Administrator of the Scheme (Scheme Rule 17.7.8)? <i>If yes, please provide details.</i> | Y | Ν |
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| | | |
| 18 Are you, or have you ever been an employee, director, officer, consultant, principal officer, auditor, legal advisor or other office bearer of any medical scheme? If yes, please provide details. | Y | N |
| | | |
| | | |
| 19 Are you, or have you ever been a Politically Exposed Person ("PEP")? <i>If yes, please provide details.</i> | Y | N |
| Are you, or have you ever been associated with a PEP? <i>If yes, please provide details.</i> | Y | N |
| NOTE: A PEP is a person who is entrusted with political or public office or a prominent public function. | | |
| | | |
| | | |
| 20 Are you an employee, director, officer, consultant, or contractor of the administrator or the Scheme or of the holding company, subsidiary, joint venture or associate of that administrator or any other medical scheme administrator or provider of managed care services to a medical scheme | Y | N |
| (Scheme Rule 17.7.2)? <i>If yes, please provide details.</i> | | |
| | | |
| | | |
| 21 Are you a broker in terms of the Medical Schemes Act or are you an employee, director, officer or shareholder of such a broker (Scheme Rule 17.7.3)? <i>If yes, please provide details.</i> | Y | N |
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| 24 Are you an employee, director, officer, consultant or contractor of a private hospital, or hospital owning or operating group, or a pathology laboratory, or pathology owning or operating group (Scheme Rule 17.7.10)? <i>If yes, please provide details.</i> 25 Are you an employee, director, officer, consultant, contractor or person associated with a supplier of goods or services (including a relevant health service), to the Scheme or its administrator or to the holding company, subsidiary, joint venture or associate of its administrator, where the supply of such services and goods forms a significant percentage of the supplier's business (in excess of 25% of gross revenue shall be deemed to be | 22 Are you, or is any organisation that you are associated with (a legal person), associated with the administrator and/or the provider of managed care services to the Scheme (Scheme Rule 17.7.4)? <i>If yes, please provide details.</i> | Y | N |
|--|--|---|---|
| a community pharmacy, a wholesale pharmacy, a group of pharmacies, a manufacturer of medicines and/or complementary medicines, a manufacturer of medical devices and/or medical consumables, distributor and/or wholesaler of medicines, complementary medicines, medical devices or medical consumables (Scheme Rule 17.7.9)? <i>If yes, please provide details</i> . 24 Are you an employee, director, officer, consultant or contractor of a private hospital, or hospital owning or operating group, or a pathology laboratory, or pathology owning or operating group (Scheme Rule 17.7.10)? <i>If yes, please provide details</i> . 25 Are you an employee, director, officer, consultant, contractor or person associated with a supplier of goods or services (including a relevant health service), to the Scheme or its administrator or to the holding company, subsidiary, joint venture or associate of its administrator, where the supply of such services and goods forms a significant percentage of the supplier's business (in excess of 25% of gross revenue shall be deemed to be | | | |
| 24 Are you an employee, director, officer, consultant or contractor of a private hospital, or hospital owning or operating group, or a pathology laboratory, or pathology owning or operating group (Scheme Rule 17.7.10)? <i>If yes, please provide details.</i> 25 Are you an employee, director, officer, consultant, contractor or person associated with a supplier of goods or services (including a relevant health service), to the Scheme or its administrator or to the holding company, subsidiary, joint venture or associate of its administrator, where the supply of such services and goods forms a significant percentage of the supplier's business (in excess of 25% of gross revenue shall be deemed to be | a community pharmacy, a wholesale pharmacy, a group of pharmacies, a manufacturer of medicines and/or complementary medicines, a manufacturer of medical devices and/or medical consumables, distributor and/or wholesaler of medicines, complementary medicines, medical devices or medical | Y | N |
| 25 Are you an employee, director, officer, consultant, contractor or person associated with a supplier of goods or services (including a relevant health service), to the Scheme or its administrator or to the holding company, subsidiary, joint venture or associate of its administrator, where the supply of such services and goods forms a significant percentage of the supplier's business (in excess of 25% of gross revenue shall be deemed to be | owning or operating group, or a pathology laboratory, or pathology owning or operating group | Y | N |
| or services (including a relevant health service), to the Scheme or its administrator or to the holding company, subsidiary, joint venture or associate of its administrator, where the supply of such services and goods forms a significant percentage of the supplier's business (in excess of 25% of gross revenue shall be deemed to be | | | |
| | or services (including a relevant health service), to the Scheme or its administrator or to the holding company, subsidiary, joint venture or associate of its administrator, where the supply of such services and goods forms | Y | N |

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

| Please | Nominator | Nominee | | | | | |
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SECTION 3: DECLARATION AND ACCEPTANCE TO BE COMPLETED BY THE NOMINEE

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| | | | | | | | |
| ID no: | | | | | | | |
| | | | | | | | |
| DHMS membership no: | | | | | | | |

being a 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 am over the age of 21 years.
- **03** | 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.
- 04 | I declare that the information provided in Section 2 above is complete, true and correct.
- **05** | I confirm that I have familiarised myself with the requirements for holding the position of Trustee of DHMS and declare that I am fit and proper to do so.
- 06 | I confirm that I am not disqualified under any law or the Rules of DHMS to hold the office of Trustee.
- 07 | I confirm that I remain in good standing with DHMS.
- 08 | I further consent that Deloitte may conduct any investigation and scrutiny into my background, including the conducting of credit checks, employment history checks, criminal record checks, SARS personal tax clearance checks and other necessary background checks, including ascertaining 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 Deloitte to carry out these tasks.
- **09** | I accept that failure to provide information within the timelines set, may result in disqualification of my nomination to stand for election as a Trustee.
- **10** | 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: | | |
| | | |

| Please | Nominator | Nominee | | | | | |
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