



taking care of our own

# Proxy Form

(Please print in block letters)

I \_\_\_\_\_ (initial and surname),  
\_\_\_\_\_ (membership number) and \_\_\_\_\_ (identity number)  
being a principal member in good standing with the Moto Health Care Medical Scheme, do hereby appoint  
\_\_\_\_\_ (initials and surname)  
\_\_\_\_\_ (membership number) or in the absence of a name being inserted, the Chairperson  
of the Annual General Meeting (AGM) as my proxy, to attend, speak and vote for me at the AGM to be held  
virtually on Friday 2 December 2022 at 11h00, or at any adjournment thereof.

SIGNATURE OF MEMBER

DATE

**This proxy form must be completed and returned to the Scheme as follows:**

**Email:** [Alicia.Naidoo@za.ey.com](mailto:Alicia.Naidoo@za.ey.com)

**Proxy Forms must be received by 17h00 on Thursday, 24 November 2022.**

## NOTES:

1. In accordance with the Rules of the Scheme, only active principal members or their proxy in good standing and in attendance at the virtual AGM will be allowed to vote.
2. A member is entitled to submit one proxy form only.
3. By giving proxy, a member assigns his or her rights to attend, speak and vote as indicated, to the member appointed as the proxy holder.
4. The member giving proxy may revoke it at any time before the commencement of the AGM; by giving notice in writing to the person to whom the Proxy was given and the Chairperson
5. Proxy forms that do not comply with the Scheme Rules and further instructions contained on this document will not be valid
6. Proxy holders must attend the virtual AGM in person.
7. All personal information recorded on this form will be processed by the Scheme in accordance with the law, the Scheme Rules and the Schemes Privacy Policy.