CAMAF
MEDICAL SCHEME
IN A CLASS OF ITS OWN

Principal Officer
Chartered Accountants (SA) Medical Aid Fund
P O Box 2964
RANDBURG
2125

I, the undersigned, being a member of the Chartered Accountants (SA) Medical Aid Fund, hereby nominate

_____

who is eligible in terms of rules 21.5 and 21.6 for election as a Board Member at the Sixty-Seventh Annual General Meeting to be held on Thursday, 30 May 2019.

| _____ | _____ | _____ |
|---|---|---|
| Name of nominator | Signature | Membership no. |

I, the undersigned hereby consent to serve on the Board, if elected and enclose a copy of my most recent Curriculum Vitae.

_____
Nominee

Dated at_____ on_____

*Please return your completed form to* ***Cheryl.Clark@camaf.co.za*** *before 16 May 2019*