

2021 BOARD OF TRUSTEES ELECTION



CANDIDATE NOMINATION FORM

SECTION 1: PARTICULARS OF PROPOSER

(TO BE COMPLETED BY A PRINCIPAL MEMBER OF KEYHEALTH IN GOOD STANDING)

I, _____
(PLEASE PRINT YOUR NAME AND SURNAME IN BLOCK LETTERS)

Membership Number: _____ ID Number: _____

hereby nominate: _____
to stand as a Candidate in the KeyHealth 2021 Board of Trustees conducted in line with the registered Rules of the Scheme.

Signature: _____ Date: _____

Contact Number: _____ Email: _____

SECTION 2: PARTICULARS OF THE FIVE (5) OTHER SECONDRS

(TO BE COMPLETED BY FIVE (5) PRINCIPAL MEMBERS SUPPORTING THIS NOMINATION IN GOOD STANDING)

NAME AND SURNAME	MEMBERSHIP NO.	ID NUMBER	SIGNATURE

SECTION 3: PARTICULARS OF THE NOMINEE & NOMINATION ACCEPTANCE

(TO BE COMPLETED BY THE NOMINEE WHO MUST BE A MEMBER IN GOOD STANDING IN BLOCK LETTERS)

Continues on next page.

I, _____
(PLEASE PRINT YOUR NAME AND SURNAME IN BLOCK LETTERS)

Membership Number: _____ ID Number: _____

hereby give notice that I accept my nomination to stand as a nominee to be elected to the KeyHealth Board of Trustees. I agree to be bound to the KeyHealth registered Scheme Rules and by affixing my signature hereto, confirm my consent to stand for election.

I hereby give further consent for the Returning Officer to conduct vetting processes into my background, person, conduct but not limited to background, credit, criminal, as well as professional history checks. I also consent to my personal information being collected, stored and processed for the purpose of facilitating this election in line with Protection of Personal Information Act.

Email Address: _____

NO.	QUESTION	YES/NO
1	Are you older than 21 years old?	
2	Are you a South African citizen?	
3	Have you ever suffered from a mental illness that rendered you incapable of managing your affairs, been institutionalized or otherwise have been or are incapable of managing your affairs due to mental illness?	
4	Is your nomination form signed by a Proposer, a Nominee different from the Proposer and five (5) seconders in good standing?	
5	Have you attached your CV Form and ID photograph?	
6	Are you an employee, director, officer, consultant, contractor of the Scheme or of the holding company, subsidiary, joint venture or associate of a broker, Principal Officer of the Scheme, or auditor of the Scheme?	
7	Have you been divested, either in the past or currently, of your powers as a Trustee or equivalent position and/or removed from an office of trust by a Court?	
8	Are you in a relationship with any person contracted by the Scheme or in the process of tendering to the Scheme to provide an administrative, broker, managed health care or other services, whether alone or with or through a holding company, subsidiary, joint venture or associate, or are you related or in any way contracted to an employee of the Scheme?	
9	Have you ever been declared insolvent or have you surrendered your estate for the benefit of creditors? Have you applied for debt counselling or are you under debt review?	
10	Have you ever been convicted of a criminal offence, including the payment of an admission of guilt fine in the Republic of South Africa or elsewhere, which may or may have resulted in a period of imprisonment? If yes, please provide details of the nature of the offence and the date of the conviction.	
11	Are you currently being prosecuted for any criminal offence in the Republic of South Africa or elsewhere?	
12	Have you ever been removed by the Court from any office of trust on account of misconduct?	
13	Have you been disqualified under any law from pursuing your profession?	
14	Have you ever been dismissed from your place of employment?	
15	Have you taken part in any business practices that were deceitful, prejudicial or otherwise improper, whether legal or not?	

Signature: _____ Date: _____ Contact Number: _____