## 2025 BOARD OF TRUSTEES' ELECTION



## **CANDIDATE NOMINATION FORM**

SECTION 1: PARTICULARS OF THE PROPOSER  (TO BE COMPLETED BY A PRINCIPAL/PENSIONER MEMBER OF SAMWUMED IN GOOD STANDING)					
		PRINCIPAL MEMBE	R PENSIONER MEMBER		
Membership Number: hereby nominate: to stand as a Candidate in the SAM	(PLEASE PRINT YOUR NAME AND	ID Number:	24.4 of the Scheme Rules.		
Signature: Contact number:	Email:		Date: D D M M Y Y Y Y		
	SECTION 2: PARTICULARS OF				
NAME AND SURNAME	MEMBERSHIP NO.	ID NUMBER	SIGNATURE		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
Q					

NB: PLEASE ENSURE THAT ALL SECONDERS WHO SUPPORT THE ABOVE NOMINATION, ARE MEMBERS IN GOOD STANDING AND ARE NOT SUSPENDED BY THE SCHEME.

## SECTION 3: PARTICULARS OF THE NOMINEE & NOMINATION ACCEPTANCE

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

I	PRINCIPAL MEMBER PENSIONER M	IEMBER [			
-,	PLEASE PRINT FULL NAMES OF THE NOMINEE (PROSPECTIVE CANDIDATE)				
Membership Number: ID Number: ID Number:					
CV For	rigive notice that I accept my nomination to stand as a nominee to be elected to the SAMWUMED Board of Trustees. I attach rm together with an ID size photograph. I agree to be bound to the SAMWUMED registered Scheme Rules and by affixing my, confirm my consent to stand for election as a trustee.				
	er give consent that the Returning Officer may conduct vetting processes into my background, person or conduct but not limit round checks, credit checks, personal and professional history as an employee and criminal checks.	ed to			
Signatı	ure:Date: D D M M Y	Y Y Y Y			
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 which has 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 nine (9) seconders in good standing?				
5.	Have you attached your CV Form and ID size 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 any 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 not have resulted in a period of imprisonment? If yes, please provide details on the nature of the offence and the date of the conviction. <b>Please elaborate in the block provided herewith below.</b>				
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 under disciplinary hearing or dismissed from your place of employment? If so, please state in the below box Please elaborate in the block provided herewith below.				
15.	Have you taken part in any business practices that were deceitful, prejudicial or otherwise improper, whether legal or not?				
This form must be completed in full and must reach The Returning Officer by no later than the nomination cut off date of 18th July 2025 at 17:00.					
Signatu	ure: Date: D D M M	Y Y Y Y			

## **Election enquiries:**

Please direct all election related queries to Returning Officer by using the following:

Toll Free Number: 0800 128 448 Email: samwumed@es4a.co.za