MAKOTI MEDICAL SCHEME

Universal House, 15 Tambach Road, Sunninghill Park, Sandton
Private Bag X47, Rivonia, 2128, **Tel:** 011 591 8221, **Fax:** 011 208 1028

Proxy Form

I, _____ (name and surname),

_____ (membership number), **being a member of Makoti Medical Scheme,**

do hereby appoint:

_____ (initial and surname),

_____ (membership number),

or in the absence of a name being inserted, or in the absence of the person named above not having signed this proxy form, or not being able to attend the Annual General Meeting, the Chairman of the Annual General Meeting (being a member of the Scheme whose contributions are not in arrears and who does not owe the Scheme any money) as my proxy, to attend, speak and vote in my stead at the Annual General Meeting convened for **12 June 2026**, and at any adjournment thereof.

Signed this _____ day of _____ 2026.

SIGNATURE OF MEMBER _____

SIGNATURE OF PERSON APPOINTED AS PROXY _____

NOTE:

This form, once completed must be forwarded to reach the Principal Officer by no later than **Friday, 05 June 2026.**