



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 **10h00** on **Saturday, 29 June 2019**, and at any adjournment thereof.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2019.

**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 the 21 June 2019**.



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## Attendance Form

In order to facilitate seating arrangements. If you will be attending the meeting, kindly complete this form and return to:

**Makoti Medical Scheme**

By post to: **The Principal Officer, Private Bag X47, Rivonia, 2128** or by email to: **kathy.fisher@universal.co.za**

Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

**YES, I will attend the meeting**