

PROXY FORM



Everyone deserves **better** care

ANNUAL GENERAL MEETING
25 JUNE 2026

I,
(PLEASE PRINT NAME IN BLOCK LETTERS)

Medical Scheme number: ID Number:

Being a principal member of Sisonke Health Medical Scheme, I hereby appoint:

1. Medical Scheme No.:
and ID Number: or failing him/her;

2. The Principal Officer of the Scheme, or failing him/her, the Chairperson of the Annual General Meeting, as my proxy to vote in my stead, at the Annual General Meeting of the Scheme to be held **virtually via Teams Webinar** on **25 June 2026 at 14h00.**

Signed at on this the day of 2026.

Signature

NOTE

- The person who has been nominated first on the proxy form and who is present at the AGM will be entitled to act as proxy to the exclusion of those whose names follow.
- The completion and lodging of this form of proxy will not preclude the relevant member from attending the AGM and speaking and voting in person, to the exclusion of any proxy appointed in terms hereof, should such member wish to do so.

Forms of Proxy must be submitted via email to the Office of the Compliance Officer Francois Humphris email: francoish@sisonkehealth.com

PROXIES MUST BE SUBMITTED BY NO LATER THAN **12H00 ON 18 JUNE 2026**. UPON LODGEMENT OF YOUR PROXY, YOU WILL RECEIVE A PROXY NUMBER VIA SMS AND EMAIL.

For more information, contact **0860 104 012**