



PROXY FORM

GOLDEN ARROW EMPLOYEES' MEDICAL BENEFIT FUND ANNUAL GENERAL MEETING 23 JULY 2025

PLEASE COMPLETE IN BLOCK LETTERS

Please complete this form if you are unable to attend the Annual General Meeting and you wish to appoint another member of the Fund as your proxy to attend, speak and vote for you at the meeting or at any adjournment thereof.

Your membership details

Membership number

Full name and surname

As a member of the Golden Arrow Employees' Medical Benefit Fund, I appoint the following member of the Fund as my proxy:

Membership number

Full name and surname

As a member of the Golden Arrow Employees' Medical Benefit Fund, I appoint the Chairperson of the Annual General Meeting as my proxy at the meeting or at any adjournment thereof. **Please tick the box if you wish to appoint the Chairperson as your proxy.**

Signed this day of 2025.

Signature of member

Signature of person
appointed as proxy

No signature required if you appoint the
Chairperson as your proxy.

NOTE:

This form must be completed and returned to mariehettelouwsma@gabs.co.za by no later than Tuesday, 22 July 2025.