

## ATTENDANCE FORM

### COMPCARE MEDICAL SCHEME ANNUAL GENERAL MEETING 25 NOVEMBER 2020

In order to facilitate seating arrangements, if you will be attending the Annual General Meeting of CompCare Medical Scheme on 25 November 2020, kindly complete this form.

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

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

YES, I will attend the meeting

**NOTE:**

This form, once completed, must be forwarded to reach the Principal Officer by no later than **Wednesday, 11 November 2020** by post to: **The Principal Officer, PO Box 1411, Rivonia, 2128** or by e-mail to: [kathy.fisher@universal.co.za](mailto:kathy.fisher@universal.co.za)

## PROXY FORM

### COMPCARE MEDICAL SCHEME ANNUAL GENERAL MEETING 25 NOVEMBER 2020

I, \_\_\_\_\_ (initial and surname), \_\_\_\_\_ (membership number),

**being a member of CompCare Medical Scheme** whose contributions are not in arrears and who does not owe the Scheme any money, 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 **Wednesday, 25 November 2020** and at any adjournment thereof.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2020.

**SIGNATURE OF MEMBER** \_\_\_\_\_

**SIGNATURE OF PERSON APPOINTED AS PROXY** \_\_\_\_\_

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