

PROXY FORM

COMPCARE MEDICAL SCHEME ANNUAL GENERAL MEETING 2 JUNE 2021

I, _____ (initials 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:

_____ (initials 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, 2 June 2021** and
at any adjournment thereof.

Signed this _____ day of _____ 2021.

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 **Wednesday, 26 May 2021**.

By post to: **CompCare Medical Scheme 2021 AGM, PO Box 1411, Rivonia, 2128** or by e-mail to:

compcareelections2021@universal.co.za.

