

PROXY FORM

COMPCARE MEDICAL SCHEME ANNUAL GENERAL MEETING 21 JUNE 2022

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),

(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 **Tuesday, 21
June 2022** and at any adjournment thereof.

Signed this _____ day of _____ 2022.

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 **Tuesday, 14
June 2022**. By post to: **CompCare Medical Scheme 2022 AGM, PO Box 1411, Rivonia, 2128** or by e-mail to:
chandre.bruce@universal.co.za