

ELECTION 2021: NOMINATION FORM

RULES FOR COMPLETION OF THE NOMINATION FORM: WCMAS ELECTIONS 2021

1. All nominations must be submitted directly to the Scheme using the attached Nomination Form.
2. Only principal members in good standing (meaning that their contributions are up to date and that they are not suspended for any reason) with WCMAS may nominate other principal members ("nominees"). The person nominating ("proposer") must sign the Nomination Form and must be a principal member in good standing as at the date of closing of the call for nominations, being 18 October 2021.
3. Only principal members in good standing with WCMAS are eligible to stand for election. Nominees must be in good standing from the date of closing of the call for nominations and remain so until the date of the elections.
4. A principal member may only nominate one candidate. Principal members may not nominate or propose themselves to stand for election.
5. The Nomination Form must also be signed by the nominee (the person being nominated to stand for election) indicating his/her acceptance of the nomination to stand for election and consenting to being vetted. The nominee must also answer all of the questions on the Nomination Form, submit all required documents and make all the necessary disclosures as indicated on the Nomination Form. A failure to receive all required information may render the nomination invalid.
6. The duly completed and signed Nomination Form, signed by the proposer and nominee, must be accompanied by a detailed curriculum vitae of the nominee including the documents listed below. The Nomination Form must be completed fully and properly to ensure that the nomination can be considered. Failure to complete the Nomination Form, or to return it within the set date and time, or failure to provide any document requested as part of the nomination process, may render the nomination invalid.
7. For the purpose of vetting, the nominee is required to submit the following documents together with the completed Nomination Form:
 - 7.1 A detailed curriculum vitae;
 - 7.2 An abridged curriculum vitae of no more than 100 words – the abridged curriculum vitae of successful candidates will be published in a candidate communicate, which will be made available to all principal members of WCMAS;
 - 7.3 A certified copy of the nominee's identity document;
 - 7.4 A certified copy of the nominee's highest academic qualification; and
 - 7.5 A copy of the nominee's SARS personal tax clearance certificate (which can be obtained online) or a pin to access your tax clearance certificate online.
8. The Scheme will review the Nomination Form, with the supporting documents and the nominee's eligibility in terms of the Medical Schemes Act 131 of 1998 ("Act"), read with the Scheme Rules. The Scheme's decision on any matter concerning the nomination process or the outcome of the vetting will be final and binding.
9. The duly completed Nomination Form, together with the required documents as discussed above, is required to reach the Scheme by no later than **16h30 on Monday, 18 October 2021**. Nomination Forms received after this date and time will be deemed to be invalid and not be considered.
10. The Nomination Form and above documents must be forwarded to the Scheme by email to nominations@wcmas.co.za or hand delivered to the Scheme's offices.
11. **All nominations must be submitted using this prescribed Nomination Form and all requirements contained in the Nomination Form must be fulfilled to avoid the nomination being disqualified.**
12. Any queries can be sent to the Scheme by email to nominations@wcmas.co.za.

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SECTION 1: NOMINATION (TO BE COMPLETED BY THE PROPOSER)

I, the undersigned, being a principal member of WCMAS ("proposer"), in good standing, do hereby nominate _____ ("nominee"), who is a principal member of WCMAS, in good standing, as a candidate to be considered to be elected to serve as a Trustee of WCMAS in accordance with the provisions of the Scheme Rules.

Proposer

Full names and surname _____
 ID number _____
 WCMAS membership number _____
 Signature _____

SECTION 2: DISCLOSURES (TO BE COMPLETED BY THE NOMINEE)

Please tick the relevant box for each question

1. Have you ever suffered from a mental illness that has rendered you incapable of managing your affairs, been institutionalised or otherwise have been or are incapable of managing your affairs due to mental illness? *If yes, please provide relevant details.*

Y	N
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2. Have you ever been declared insolvent or have you surrendered your estate for the benefit of creditors? Are you currently under debt review? *If yes, please provide relevant details.*

Y	N
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3. Do you have any credit default action(s) pending against you or do you/have you ever had any default judgements against you? *If yes, please provide details.*

Y	N
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4. Have you ever faced any civil litigation and/or do you have any civil judgements against you? *If yes, please provide details.*

Y	N
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5. Have you ever been convicted of a criminal offence, including the payment of an admission of guilt fine, in the Republic of South Africa or elsewhere, which may or may not have resulted in a period of imprisonment? *If yes, please provide details on the nature of the offence and the date of the conviction.*

Y	N
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6. Have you, or are you currently being prosecuted for any criminal offence in the Republic of South Africa or elsewhere? *If yes, please provide details on the nature of the offence.*

Y	N
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7. Have you ever been removed by the Court or any other lawful authority from any office of trust on account of misconduct or any other reasons whatsoever? *If yes, please provide relevant details.*

Y	N
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8. Have you ever been disqualified under any law or by any professional body from practicing your profession? *If yes, please provide details on the nature and date of the disqualification.*

Y	N
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9. Have you ever been dismissed from your place of employment? *If yes, please include relevant date(s), name(s) of organisation(s) and contact person(s).*

Y	N
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10. Have you faced, or are you facing litigation or other similar remedial action(s) relating to your professional conduct or other unethical practice(s)? *If yes, please provide details.*

Y	N
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11. Have you ever been disqualified under any law, or the Rules of WCMAS, or the rules of any other medical scheme or other institution, to hold the office of Trustee? *If yes, please provide details on the nature and date(s) of the disqualification.*

Y	N
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12. Have you, or are you facing legal, disciplinary or other action(s) that may result in your removal from office or position of trust? *If yes, please provide details.*

Y	N
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SECTION 3: DECLARATION AND ACCEPTANCE (TO BE COMPLETED BY THE NOMINEE)

I,

ID number:

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WCMAS membership number:

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being a principal member of WCMAS in good standing, hereby declare that:

1. I accept my nomination to stand as a candidate for election to the Board of Trustees of WCMAS.
2. I do so out of my own free will, without any force or coercion and am fully aware of the obligations that such an office brings.
3. I declare that the information provided in Section 2 above is true and correct.
4. I declare that I have familiarised myself with the requirements for holding an office of trust and declare that I am fit and proper to do so.
5. I confirm that I am not disqualified under any law or the Rules of WCMAS to hold the office of Trustee.
6. I confirm that I remain in good standing with WCMAS.
7. I confirm that I do not have any conflicts of interest, nor will I have any conflicts of interest should I be elected as a Trustee, as contemplated in the Medical Schemes Act 131 of 1998 or Rules of WCMAS, or any other law within the Republic of South Africa.
8. I further consent that the Scheme may conduct any investigation into my background, including the conducting of credit checks, employment history checks, qualification verification, criminal checks, SARS personal tax clearance checks and other necessary background checks to determine my eligibility to stand for election and to act as a Trustee. I undertake to provide the necessary consent and information to enable the Scheme to carry out this task.
9. I accept that failure to comply in providing information by the timelines set, may result in disqualification of my nomination as a candidate pursuant to this nomination process.
10. I accept that if it is found that any information that has been supplied is false, I may be disqualified as a candidate.

NOMINEE SIGNATURE

Full names of nominee	
Telephone number (H)	
Telephone number (W)	
Cellphone number	
Email address	
Postal address	
Residential address	