

**RULES FOR COMPLETION OF THE NOMINATION FORM: WCMAS ELECTIONS 2025**

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 23 May 2025.
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 communique, which will be made available to all principal members of WCMAS.
  - 7.3 A certified copy of the nominee's identity document.
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 23 May 2025. Nomination Forms received after this date and time will be deemed to be invalid and will not be considered.
10. The Nomination Form and above documents must be forwarded to the Scheme by email to [nominations@wcmas.co.za](mailto: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](mailto:nominations@wcmas.co.za).

## ELECTION 2025: NOMINATION FORM

### 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)

#### A: PERSONAL INFORMATION

1. Full Name(s) and Surname of Nominee: \_\_\_\_\_  
Have you ever been subject to a name change? If yes, provide former name and reason: 

Y	N
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ID number: \_\_\_\_\_

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Have you ever been subjected to an ID number change? If yes, provide former ID number and reason: 

Y	N
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Age		Gender	M	F	Race		Nationality							
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2. Contact detail:

Telephone number (H)	
Telephone number (W)	
Cell phone number	
Email address	
Postal address	
Residential address	

3. Have you ever obtained a National Senior Certificate (matric certificate) or its equivalent? 

Y	N
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4. What is your highest qualification? \_\_\_\_\_

Qualification detail and institution: \_\_\_\_\_

Date obtained: \_\_\_\_\_

5. Name of current employer: \_\_\_\_\_

Position: \_\_\_\_\_

6. Spouse or life partner full name(s) and surname: \_\_\_\_\_

Spouse or life partner ID number: \_\_\_\_\_

Is your spouse or life partner employed by, or conducting any work for WCMAS? 

Y	N
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## ELECTION 2025: NOMINATION FORM

### B: MEMBERSHIP AND NOMINATION DETAIL

Please tick the relevant box for each question and if yes, please provide further details where applicable.

1. Are you a member of WCMAS? 

Y	N
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2. If yes, please provide the following information:  
Membership Number: \_\_\_\_\_
3. Have you previously served on any committee of Board of Trustees?  
If yes, please provide details and appointment dates. 

Y	N
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you currently serve on the board of trustees of any other medical scheme?  
If yes, please provide details and appointment dates. 

Y	N
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Do you currently hold office as a trustee or principal officer of any medical scheme?  
If yes, please provide details and appointment dates. 

Y	N
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Have you ever been associated, in ownership or supervisory capacity, with any business entity (Administrators, Managed Care Organizations, Brokerage or any other service provider) that provides services to WCMAS?  
If yes, please provide details as to the entity, role and duration of association. 

Y	N
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Who nominated or approached you to serve on the Board of Trustees? \_\_\_\_\_
8. Where you nominated or approached to serve on any of the committees by any person, who renders contractual services (Administrators, Managed Care Organizations, Brokerage) to WCMAS?  
If yes, please provide details as to who. 

Y	N
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Did you receive an award, payment or consideration to serve on the Board or for accepting such appointment?  
If yes, please provide details as to what was received and from whom. 

Y	N
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you undergone any training relevant to the board you serve on since your appointment?  
If yes, please provide details on the qualification, institution and date. 

Y	N
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Other than payment of fees as a board member of WCMAS, have you received any other benefits directly or indirectly, for yourself or any other family member from WCMAS or party that contracts or contracted with WCMAS? If yes, please provide details. 

Y	N
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ELECTION 2025: NOMINATION FORM

### C: FIT & PROPRIETY QUESTIONS

Please tick the relevant box for each question and if yes, please provide further details where applicable.

1. Have you ever been declared insolvent, filed for bankruptcy, made any debt arrangements with creditors, applied for debt review, had assets sequestrated or involved in any proceeding of this nature? If yes, please provide details. 

Y	N
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2. Have you ever been subject to any proceeding of disciplinary hearings, civil or criminal nature, or been notified of any proceedings or investigations that may lead to such proceedings? If yes, please provide details. 

Y	N
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3. 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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4. 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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5. 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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6. Have you, or any business which you have or had a personal interest in or exercised influence, been suspended or reprimanded by a professional or regulatory body, tribunal or court in South Africa or elsewhere? If yes, please provide details. 

Y	N
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7. Have you ever been associated, in ownership or supervisory capacity, with any business that was liquidated, or declared insolvent while contacted with that business or within five years after the connection, or is currently subject to the application of such proceeding? If yes, please provide details. 

Y	N
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8. Have you ever been associated, in ownership or supervisory capacity, with any business that has been refused registration or accreditation to conduct business, or has had such registration or accreditation suspended, revoked or withdrawn? If yes, please provide details. 

Y	N
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## ELECTION 2025: NOMINATION FORM

9. Have you ever been disqualified from serving in a managerial or director capacity or been removed from such position by a professional body or regulated entity, tribunal or court in South Africa or elsewhere, or are you aware of any matter against you or investigation that may lead to such removal? If yes, please provide details. 

Y	N
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
10. Were you ever dismissed from a position of employment or removed as a trustee or member of a committee or the Council for Medical Schemes? If yes, please provide details. 

Y	N
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
11. Were you ever dismissed, requested to resign, or resigned from a position (of employment, trust fiduciary or similar) because of questions about your integrity, incompetence and mismanagement. If yes, please provide details. 

Y	N
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
12. Have you ever been declared ineligible or disqualified to become a director in terms of Section 69 of the Companies Act 71 of 2008 as amended? If yes, please provide relevant details. 

Y	N
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
13. Have you ever been declared mentally incapacitated? If yes, please provide details. 

Y	N
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
14. Have been subject to an adverse finding or judgement (i.e. fine) that has not been satisfied as per the finding? If yes, please provide details. 

Y	N
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
15. Do you have any relationship, business or personal, with any person (trustee, principal officer, member of any sub-committee, or any employee) of WCMAS? If yes, kindly stipulate the kind of relationship and with whom. 

Y	N
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
16. Are you a broker or do you have any affiliation with a broker or brokerage, other than personal brokerage? If yes, please provide details. 

Y	N
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
17. Are you an officer (employee, executive/director) of the WCMAS, or an employee, director, officer, consultant, or association of any person, who renders contractual services for WCMAS or any regulated entity in terms of the Medical Schemes Act? If yes, please provide details. 

Y	N
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## ELECTION 2025: NOMINATION FORM

18. Do you hold any position, or have any interest in any other entity regulated in terms of the Medical Schemes Act 131 of 1998? If yes, please provide details.

Y	N
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19. Are any of your immediate family, (including spouse, life-partner) or close affiliates an officer (employee, executive, or trustee) of WCMAS, or an employee, director, officer, consultant or associate of any person, who renders contractual services to WCMAS? If yes, please provide details.

Y	N
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20. Do you have, or have you ever had any shares or any other financial interest(s) in any current service provider(s) (including being a director, employee, consultant or officer) of WCMAS? If yes, please provide details.

Y	N
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21. Are you aware of any information not covered in the above questions but which, if known to WCMAS and/or Curator of the Medical Scheme will render you not fit and proper to serve either as a trustee or principal officer? If yes, please provide details.

Y	N
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Should the space provided for your disclosures not be sufficient, please attach additional notes in the space below.

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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**

**DATE**