

2026 Board of Trustee Elections



Nomination Form | Member Elected Trustee

Section 1: To be completed by the Proposer

I, _____
(Please print full name of the proposer nominating another member in good standing to be a Trustee)

Identity Number:

Membership Number: hereby

nominate: _____
(Please print full name of the nominee who is a member in good standing in block letters)

to stand for election as Candidate to fill the position of a Trustee on the Platinum Health Medical Scheme Board in terms of Rule 18 of the registered Rules as amended.

Signature of Proposer: _____

Cell Number:

Section 2: Declaration of Acceptance to be completed by the Nominee

I, _____
(Please print full name of the Nominee who is a member in good standing in block letters)

Identity Number:

Membership Number:

accept nomination to stand as a Candidate in the Platinum Health 2026 Board of Trustee elections.

I confirm that I am not disqualified to become a Trustee as per Sections 18.4.1-18.4.6, 18.12.2-18.12.4 of the registered Rules that relate to conflicts of interest, solvency and criminal records; and the attached Nomination Criteria and satisfy the notion of fit and proper. I further give permission for background checks to be conducted on me. I acknowledge and understand that the role of a Trustee is not paid, remunerated, or compensated in any form. Attached to this nomination is an ID size photograph of myself. I acknowledge that failure to submit any required information will result in only my name appearing on the ballot paper and any other material used to communicate or publicise the election process to members, should I qualify.

Signature of Nominee

Date of Signature

Contact Number

E-mail Address

Section 3: To be completed by Seconders

	Name	Membership Number	Identity Number	Signature
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Duly completed Nomination Forms must be returned to plathealth2026@electionsagency.co.za on Friday, 24 April 2026 at 16h00.