

# 2025 BOARD OF TRUSTEES ELECTION

**Nomination Form**  
MEMBER-ELECTED TRUSTEE



**PLATINUM HEALTH**

## 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: \_\_\_\_\_/ and Membership Number:  
\_\_\_\_\_/ hereby nominate:

\_\_\_\_\_  
(PLEASE PRINT FULL NAME OF THE NOMINEE WHO IS 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 MEMBER IN GOOD STANDING IN BLOCK LETTERS)

Identity Number: \_\_\_\_\_/ and Membership Number:  
\_\_\_\_\_/ accept nomination to stand as a Candidate in the Platinum Health 2025 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 & satisfy the notion of fit and proper. I further give permission for background checks to be conducted on me. 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.

\_\_\_\_\_  
SIGNATURE OF NOMINEE

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
CONTACT NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

### SECTION 3: (To be completed by Seconders)

1. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

4. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

5. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

6. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

7. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

8. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

9. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

10. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

11. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

12. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

13. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

14. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

15. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

16. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

17. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

18. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

19. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

20. Name: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Signature: \_\_\_\_\_

