C A M A F
MEDICAL SCHEME
IN A CLASS OF ITS OWN

Principal Officer
Chartered Accountants (SA) Medical Aid Fund
CAMAF House, Building 6
Hampton Office Park
20 Georgian Crescent
Bryanston
2152

I, the undersigned, being a **principal member** of the **Chartered Accountants (SA) Medical Aid Fund**, hereby nominate

……..
Name of Nominee

who is a **principal member** and eligible in terms of rules 21.5 and 21.6 for election as a Board Member at the **74th Annual General Meeting** to be held on **Thursday, 21 May 2026.**

……	……	……
Name of Nominator	Signature	Membership no.

I, the undersigned, hereby consent to serve on the Board if elected and enclose a copy of my most recent Curriculum Vitae.

……	……
Nominee Signature	Membership no.

Dated at..... on.....