



DE BEERS BENEFIT SOCIETY

Member Trustee Nomination Form

Reference no _____
Fill in last – see below instructions

How to complete and submit the nomination form:

INSTRUCTIONS: Please call Enslins on 053 831 1080 or email DBBSvoting@enslinsky.co.za to obtain a reference number and arrange for the nomination form to be collected. This telephone line will be open Monday to Thursday from 07h30 to 17h30 and Fridays from 07h30 to 13h30.

IMPORTANT: This nomination form will only be accepted if it:

- contains a valid reference number from Enslins;
- is the original document, fully completed in accordance with the instructions;
- signed by all relevant parties; and

- delivered in accordance with the instructions before the closing date.

CLOSING DATE: No nominations will be accepted after 13h30 on Friday, 29 November 2024. Please allow sufficient time for collection of the nomination form and delivery to Enslins by that date.

QUERIES: If you have any queries, need clarification or help completing the nomination form, please contact Enslins on telephone 053 831 1080 or email DBBSvoting@enslinsky.co.za.

1. Who are you proposing for election (the Nominee)?

You may nominate any person who is a principal member* of the De Beers Benefit Society.

Please complete the details of the candidate you are proposing for election as a Trustee.

_____	_____	_____	_____
Title	First name(s)	Surname	Membership number

2. Please tell us more about you (the Proposer).

You have to be a principal member* of the De Beers Benefit Society and you are required to sign this nomination form.

Please complete your details.

_____	_____	_____	_____
First name(s)	Surname	Contact number	Membership number

Proposer's Signature

3. Who supports the nomination (the Seconder)?

Another De Beers Benefit Society principal member* needs to support your nomination as a seconder and is also required to sign this nomination form. Please complete the Seconder's details.

_____	_____	_____	_____
First name(s)	Surname	Contact number	Membership number

Seconder's Signature

4. Is the Nominee willing to stand?

You (the Proposer) must arrange for the Nominee to complete the attached/enclosed Nominee Information and Declaration Form to accept your nomination to stand for election as a Trustee, and prepare a Curriculum Vitae (CV) in line with the document template provided. These documents have to be submitted along with your nomination form.

* A principal member is the main member who is liable for the monthly contributions as per the Rules of the Society (the Rules), in good standing (contributions are not in arrears), and not a registered dependant of a main member.



DE BEERS BENEFIT SOCIETY

Nominee Information and Declaration Form

Relevant skills, knowledge and experience

The Board of Trustees (the Board) is responsible for the proper and sound management of the De Beers Benefit Society (the Society) and must act with due care, diligence and good faith. Due to the scale and complexity, the Board views certain skills, knowledge and experience as desirable for the proper and sound management of the Society. Please comment on your relevant skills, knowledge and experience with regard to the following categories (categories that do not apply to you can simply be indicated with "Not applicable"):

Knowledge of risks and controls	
Healthcare industry experience	
Medical and/or clinical experience and/or skills	
Analytical skills	
Financial and/or business expertise	
Investment knowledge	
Legal and/or governance experience and/or skills	
Knowledge of relevant laws and regulations	

Declaration of suitability

Please tick

<input type="checkbox"/>	I meet the eligibility criteria, as stipulated in Section 18 of the Rules, and confirm that all information supplied in terms of the nomination process is accurate and true.
<input type="checkbox"/>	I am available to dedicate at least 24 hours per month to the Society.
<input type="checkbox"/>	I am available to serve as a Trustee for a 5-year term.
<input type="checkbox"/>	I have not been declared insolvent and have not surrendered my estate for the benefit of creditors.
<input type="checkbox"/>	I have not been convicted, whether in the Republic or elsewhere of theft, fraud, forgery or uttering of a forged document or perjury.
<input type="checkbox"/>	I have not been removed by a Court from any office of trust on account of misconduct.
<input type="checkbox"/>	I have not been disqualified under any law from carrying on my profession.
<input type="checkbox"/>	The Council for Medical Schemes has not removed me as a Trustee of a Medical Scheme.

Declaration of conflicts of interest

In terms of best practice governance principles and Section 19.3 of the Rules all potential conflicts of interest must be declared. Please declare any interest in any matter or entity or relationship with any party, as indicated below, which may compromise or impair your impartiality and independence (categories that do not apply to you can simply be indicated with "Not applicable"):

CATEGORY / INTEREST	DETAILS <i>Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or another person with whom you have a close personal relationship.</i>
Current employer and position held	
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals, etc. which may lead to a conflict of interest in your relationship with the Society and/or dealings with Society stakeholders (such as, but not limited to, employers, service providers, advisors, members and their beneficiaries and Society staff. <i>(Note organisation and appointment)</i>)	
Membership of any professional bodies, special interest groups or mutual support organisations which may lead to a conflict of interest in your relationship with the Society and/or dealings with Society stakeholders.	
Relationship with any third-party organisation or person which may lead to a conflict of interest in your relationship with the Society and/or dealings with Society stakeholders	
Shareholdings and direct / indirect financial interest or investments in companies, partnerships and other forms of business which may lead to a conflict of interest in your relationship with the Society and/or dealings with Society Stakeholders.	
Provide detail of any direct or indirect (via a third party) contractual relationship with the Society and/or dealings with Society Stakeholders.	
Provide details of any other personal interests that are not covered by the above and which may lead to a conflict of interest in your relationship with the Society and/or dealings with the Society Stakeholders.	

Declaration of acceptance

I, _____ (name of nominee),
 _____ (membership number), hereby:

1. Accept the nomination to stand for election as a Trustee of the Society and submit my CV.
2. Irrevocably authorise the Society to disclose my personal information for verification and vetting purposes to their agents and /or suppliers.
3. Acknowledge that the Board and Society Management shall take all reasonable steps, in accordance with the Protection of Personal Information Act (POPIA), to protect the confidentiality of my information.
4. Understand that the vetting process will include the completion and submission of a vetting questionnaire required by the Council for Medical Schemes.
5. Consent to my personal information (as reflected in my CV, where applicable) being communicated to members eligible to vote during the election process. I confirm that these details are correct.

 Signature of nominee

 Date

Curriculum Vitae (CV)

- By submitting this CV you give consent to the De Beers Benefit Society to distribute this information to members as part of the election process.
- If there is insufficient space on this form for your relevant information, you are welcome to add such information on an additional page and submit it with this form.

PERSONAL INFORMATION

Name and surname	
Contact details	
Age	
ID number	
Gender	
Race	

ACADEMIC QUALIFICATIONS

Highest qualification	
Institution	
Date completed	
Other relevant qualifications and training	

EMPLOYMENT HISTORY *(starting with most recent)*

Role/job description	
Company/organisation	
Period	
Main responsibilities	

EMPLOYMENT HISTORY *(continued)*

Role/job description	
Company/organisation	
Period	

Role/job description	
Company/organisation	
Period	

Role/job description	
Company/organisation	
Period	

DIRECTORSHIPS OR TRUSTEESHIPS HELD

Role	
Board	
Period	

Role	
Board	
Period	

KEY SKILLS/EXPERIENCE *(other than provided in nominee information and declaration form)*

Skills	
Experience	