

**BMW EMPLOYEES MEDICAL AID SOCIETY
NOMINATION FORM**

**FOR THE POSITION OF MEMBER REPRESENTATIVE ON THE BOARD OF
TRUSTEES FOR A THREE YEAR TERM OF OFFICE 2015/2018**

Nominated

Candidate: _____

Full Names (complete in block letters)

Membership No: _____

Dept: _____

Signature of
Acceptance by Nominee: _____

Date : _____

Supporting information on nominated candidate:

to fill the position of Member Representative of the Board of Trustees of the BMW Employees Medical Aid Society for a three year term of office commencing 07 June 2015.

Nominated by: _____

Full Names (complete in block letters)

Membership No: _____

Division: _____

Signature: _____

Date: _____

Please return completed Nomination Form to the Principal Officer, Anthony Kelbrick, by not later than close of business on 29 May 2015 at the following address:

BMW (SA)(Pty) Limited
6 Frans Du Toit Street Pretoria
0200

P O Box 2955
Rosslyn
0001

E-Mail: anthony.kelbrick@bmw.co.za
Facsimile 086 678 1892

May 2015