



**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 2025 -2028**

**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 22 June 2025.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nominated by:** \_\_\_\_\_  
**Full Names** (complete in block letters)

Membership No: \_\_\_\_\_

Division: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed Nomination Form to the Principal Officer, Mashianyane Kunene, by not later than 10:00 am on **15 June 2025** to:

E-Mail: [bemasagm@discovery.co.za](mailto:bemasagm@discovery.co.za)

\_\_\_\_\_  
**Ms. M Kunene**  
**Principal Officer**

May 2025