



PROXY FORM

APPOINTMENT OF PROXY FORM

If you cannot attend the Annual General Meeting of the Botswana Public Officers' Medical Aid Scheme (BPOMAS) to be held on the 19th December 2025 at 09:00 hrs, **Gaborone at Fair Grounds Ditshupo Hall and Francistown at Cresta Thapama Hotel**, you are entitled to vote at the Annual General Meeting on condition that your membership and that of your appointed proxy is active and in good standing, you may appoint a proxy to vote on your behalf. This proxy only applies to the Annual General Meeting, and any adjournment of that meeting.

YOUR DETAILS

FULL NAMES

MEMBERSHIP NO.

ID NO/PASSPORT NO.

WHO DO YOU WANT TO APPOINT AS YOUR PROXY

I appoint as my proxy (tick (√) one (1) box only):

☐ Chairperson of the Annual General Meeting

If you appoint the Chairperson as your proxy, and direct the Chairperson on how to vote, the Chairperson must call a poll on that vote and must vote the way you direct.

OR

☐ A person of your choice

If you want to appoint someone else, give their details. If you do not provide a name, you will be taken to have appointed the Chairperson as your proxy.

FULL NAMES

MEMBERSHIP NO.

ID NO/PASSPORT NO.

Only tick (√) the appropriate box if you want to direct your proxy how to vote. If you mark the ABSTAIN box, you are directing your proxy not to vote at the Annual General Meeting and your vote will not be counted when calculating whether the required majority of members have passed the resolution.

Item 1: Adoption of the report of the Management Committee to members for the year ended 31 March 2024

YES		NO		ABSTAIN	
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Item 2: Adoption of the Audited Financial Statements for the year ended 31 March 2024

YES		NO		ABSTAIN	
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Item 3: Appointment of external auditors for the ensuing year

YES		NO		ABSTAIN	
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Item 4: To authorise the Management Committee (ManCo) and/or the Principal Officer to do all that is necessary and to sign any document necessary to give effect to these resolutions.

YES		NO		ABSTAIN	
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Date: _____ Signature: _____

The instrument appointing the proxy must be deposited at the office of the Administrators of the Scheme. Tel: **3168900/8901**, Fax: **3972402**. Email your completed form to **agm@bpomas.co.bw**. Plot 54349, Ground Floor, West Wing, The Field Precinct, CBD P/Bag 00477, Gaborone, Botswana. MVA House, Francistown Plot 44149, CBD Third Floor.