



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 at Gaborone at Fairgrounds, Boipuso Hall and Francistown at Cresta Thapama Hotel on 19th December 2025 at 09:00HRS

PROXY FORM

YOUR DETAILS

FULL NAMES

MEMBERSHIP NO.

ID 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

The following person

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.

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

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. Plot 54349, Ground Floor, West Wing, The Field Precinct, CBD P/Bag 00477, Gaborone. Tel: 3168900/8901, Fax: 3972402. MVA House, Francistown Plot 44149, CBD Third Floor

Email your completed proxy form to agm@bpomas.co.bw.