

AFROX MEDICAL AID SOCIETY

PROXY FORM

I, _____, member no. _____,

being a member of the Afrox Medical Aid Society, do hereby appoint:

Mr/Ms _____, member no. _____

or failing him or her, the Chairman of the meeting, to attend, speak and vote for me at the Annual General Meeting to be held at Afrox House, 23 Webber Street, Selby, Johannesburg on Thursday, 11 June 2009 at 09H00, and at any adjournment thereof.

1. AGENDA ITEM 3: To adopt the Annual Report

My vote X

In favour		Against	
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2. AGENDA ITEM 4: To adopt the Annual Financial Statements

My vote X

In favour		Against	
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3. AGENDA ITEM 5: Resolution to re-appoint Advocate Buirski as the Disputes Committee

My vote X

In favour		Against	
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4. AGENDA ITEM 6: Resolution to appoint the Auditors

My vote X

In favour		Against	
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This proxy form must be completed and returned to:

The Society Manager, Afrox Medical Aid Society, PO Box 31391, Braamfontein, 2017 or faxed to 011 381 2411.

The closing date for the submission of proxy forms is **Thursday, 4 June 2009**.