

DECLARATION OF INTERESTS FORM 2023

This document must be completed in full. Any omission could lead to disqualification of a nomination or removal as a trustee.

Full names and surname: _____

1 DISCLOSURE OF ALL INTERESTS

I confirm the following information regarding my business, financial and other interests.

SHAREHOLDINGS

All shareholdings greater than 2% of the issued shares in any company, whether a close corporation, listed, unlisted, public, private or any other company, must be declared.

Company	No. of shares	% Shareholding	Date of acquisition	Rand value of shareholding

DIRECTORSHIPS/MEMBERSHIP OF CLOSE CORPORATIONS

Company	Date of appointment	Executive	Non-executive

TRUSTS

All interests in any trusts must be declared, whether a trustee, beneficiary or donor.

Name of trust	Trust registration number	Trustee / beneficiary / donor	Date of appointment	Details of interests in and investments by the trust

PROFESSIONAL PROVIDENT SOCIETY (PPS) INTERESTS

Are you a member of PPS? Yes No

PPS membership number:

Details of any material relationship with PPS or the Scheme administrator, PPSHA (PPS Healthcare Administrators Pty Ltd)

OTHER MATERIAL RELATIONSHIPS

Provide details of any material relationship with any person or entity contracted by Profmed to provide administrative, marketing, managed healthcare or other services (or with the person/entity's holding company, subsidiary, joint venture partner or associate).

“Material relationship” is defined in the Rules as a relationship with or interest in a natural or juristic person that, in the view of a reasonable person would interfere with the independent judgement of an officer of the Scheme or prejudice the interest of the Scheme or its Members.

ANY OTHER BUSINESS OR FINANCIAL INTERESTS NOT DISCLOSED ABOVE

These must include interests of your spouse/partner or immediate family members.

Name of entity	Details of interest	Other relevant information

2 FIT AND PROPER DECLARATION

The Medical Schemes Act 131 of 1998 (“the Act”), requires that “Every medical scheme shall have a board of trustees consisting of persons who are fit and proper to manage the business contemplated by the medical scheme, in accordance with the applicable laws and the rules of such medical scheme.”

Please indicate your response by ticking the relevant boxes below:		YES	NO
1.	Are you a fully-paid up member in good standing with Profmed?		
2.	Do you have an association, ownership or supervisory capacity with any business entity (i.e. Administrator, Managed Care Organisation, Brokerage or any other service provider) that provides services to the Scheme?		
3.	Have you been subject to any proceedings of disciplinary, civil or criminal nature, or been notified of any proceedings or any investigation that may lead to such proceedings?		
4.	Have you been convicted of theft, fraud, forgery or perjury?		
5.	Are you or any business that you have or had a personal interest or exercised influence in, been investigated, suspended or reprimanded by a professional or regulatory body, tribunal, or court, in South Africa or elsewhere?		
6.	Are you or have you been associated, in ownership or in a supervisory capacity, with any business entity that has been refused registration or accreditation to conduct business, or has had such registration or accreditation suspended, revoked, or withdrawn?		
7.	Are you or have you been associated, in ownership or in a supervisory capacity, with any business that has gone into liquidation or solvency while connected with that business or within five years after that connection, or is currently subject to an application of such proceedings?		
8.	Have you been disqualified from serving in a managerial, director or trustee capacity or removed from such position/office by any professional or regulatory body, tribunal or Court or aware of any matter against you or investigation which may lead to such removal?		
9.	Have you been declared insolvent or surrendered your estate for the benefit of your creditor/s?		
10.	Have you been removed, dismissed, requested to resign, or resigned from a position (of employment, trust, fiduciary or similar) because of questions about your integrity, competence or management?		
11.	Have you been dismissed from a position of employment or removed as a trustee or member of a committee of a board of trustees by a medical scheme or the Council for Medical Schemes?		

Please indicate your response by ticking the relevant boxes below:		YES	NO
12.	Have you been subject to an adverse finding or judgement where the remedy has not been satisfied?		
13.	Do you have any material relationship, business or personal, with any officer (trustee, principal officer, member of any sub-committee or any employee) of Profmed that is in conflict with carrying out your responsibilities as a trustee of Profmed?		
14.	Are you a broker or do you have an affiliation with a broker or brokerage, other than for personal brokerage services?		
15.	Are you an officer (i.e. an employee or executive) of Profmed; an employee, director, officer of, consultant to another scheme or associate to any person who renders contractual services to Profmed?		
16.	Do you have immediate family (including spouse, life partner, child, sibling, parent) or close affiliates who are officers (employee, executive, or trustee) of Profmed, or an employee, director, officer, or associate of any person, who renders contractual services to Profmed?		
17.	Do you hold any position or have any interest in any other entity regulated in terms of the Medical Schemes Act?		
18.	Have you been declared mentally ill or incapable of managing your affairs?		
19.	Have you been disqualified from carrying on your profession?		
20.	Have you been involved in fraudulent activity or mismanagement of funds?		

If you answered “YES” to any of the above, please provide information below:

Question No.	Details

Please ensure that you have signed and dated this page and initialled each page of this document. If the space provided on this form is insufficient, please attach additional information, which attachments must also be signed, initialled and dated.

All personal information recorded on this form and submitted to Profmed will be processed as set out on this form, stipulated in Profmed’s Privacy Policy or as otherwise authorised in terms of the law. If you provide information about a third party, you must ensure you may do so lawfully and that they are familiar with Profmed’s Privacy Policy.

I undertake to inform the Principal Officer within 30 days of any changes to the information provided in this Declaration.

Signed: _____

Date: _____