Nomination Form

Board of Trustees - Nomination form for Employer Trustee

This nomination form, once completed, must be forwarded together with nominee's curriculum vitae and the completed CMS vetting form, to reach the principal officer by not later than Saturday, **13 June 2026**. The address is **P O Box 1554, Rivonia, 2128** or e-mail to **bcimafund@universal.co.za**.

Proposer

I,_____ (**Proposer**), being a member of The Building & Construction Industry Medical Aid Fund propose that _____ (**Nominee**) who is an employee of a participating employer of the Scheme.

Name (Proposer):

Company Name:

_____ _____

Signature:

Date:

_____ _____

Acceptance by nominee

I accept this nomination for a position on the Board of Trustees of The Building & Construction Industry Medical Aid Fund, understand the duties and responsibilities that this position carries, and enclose my current curriculum vitae and completed CMS vetting form.

Name (Nominee):

Company Name:

_____ _____

Signature:

Date:

_____ _____