

The Building & Construction Industry Medical Aid Fund

Reference no. 1590. Registered in terms of the Medical Schemes Act no. 131 of 1998



Nomination Form

Board of Trustees - Nomination form for Member 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 also a member in good standing of The Building & Construction Industry Medical Aid Fund, stand for election as a member of the Board of Trustees.

Name (Proposer):

Membership No:

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):

Membership No:

Signature:

Date:
