

DIRECTOR NOMINATION FORM

I/We nominate: _____ (*nominee name and surname*)
to fill a vacancy on the SAMRO Board.

SIGNED: _____ DATE: _____

Contact details of person nominating the above:

Full Name: _____

Email: _____

Telephone: _____

I _____ (*nominee name and surname*)

ID number _____ accept the above nomination and confirm that I am eligible, and meet, the requirements to hold the position of Director as stipulated in the relevant sections of the Companies Act 2008, and the company's Memorandum of Incorporation.

SIGNED: _____ DATE: _____

Contact details of Nominee:

Full Name: _____

Email: _____

Telephone: _____

A copy of the nominees ID document, CV and profile must accompany this form. Failure to provide these documents will result in the Nomination Form being discarded. Nominees are required to consent to a criminal check being undertaken by the company in the event that they are considered by the Nominations and Governance Committee for election.

Closing date for nominations is 15:00 on 22 October 2020 – No late submissions will be considered.

Please return this form to the Group Company Secretary by way of:

- **Fax on 0866836908 or;**
- **Email to secretary@samro.org.za or**
- **Hand delivered to Group Company Secretary, SAMRO Place, 20 De Korte Street, Braamfontein, 2017**

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