FORM OF PROXY

SOUTH AFRICAN PAEDIATRIC ASSOCIATION (the "Association")

A member entitled to attend and vote is entitled to appoint a proxy to attend the meeting and speak and, on a poll, to vote in his/her stead. A proxy need not be a member of the company. Instruments appointing a proxy must be delivered to Unit 16 Northcliff Office Park, 203 Beyers Naude Drive, Northcliff, 2195, or sent via electronic mail to info@paediatrician.co.za, and received not less than 48 hours before the time of holding the meeting.

(Please print or				
of				
being a membe	r of the SOUTH AFRICAN PAEDIATRIC ASSO	OCIATION I	nereby appoin	t:
of				
or failing him/h	er, the chairman of the meeting, as my prox	ky to vote f	or me and on	my behalf a
•	neral Meeting of the Association to be held	•	I 2023 or any	adjournmen
tnereor as noted	d below and in respect of the directors, as fo	ollows:		
		FOR	AGAINST	ABSTAIN
Resolution 1	Creation and Incorporation of a Non-			
	Profit Company			
Resolution 2	Dissolving the Association			
Resolution 3	Approval of a Memorandum of			
	Incorporation			
Resolution 4	Transfer of Rights, Responsibilities,			
	Assets and Liabilities from the			
	Association to the Company			
Resolution 5	Acceptance of Membership in the			
	Company by members of the			
	Association			
Resolution 6	Appointment of Dayne Clark of Fyfer Inc.			
	as CIPC agent on behalf of the Company			
(Indicate instruc	ction to proxy by way of a cross in the space	provided)	•	•
Signature:				

Date:__