

SAMED COMMITTEE MEMBER NOMINATION FORM

SAMED Committee you wish to join: _____

Nominating SAMED member company: _____

Nominator name and surname: _____

Designation / role of nominator in SAMED member company:

Nominee name and surname: _____

Nominee email address: _____ Tel No.: _____

Designation / role of nominee in SAMED member company:

Motivation as to why this person would be suitable to serve on the SAMED Committee:

By providing this nomination the SAMED member company agrees and understands that:

- Nominations are considered by the chairperson and vice-chairperson(s) of the specific Committee in conjunction with the EO of SAMED.
- Limitations to Committee members may exist, in the interest of efficiency and expediency;
- The company would have to ensure that the individual has sufficient time to spend on SAMED Committee work, and undertake to release the person from certain duties and to provide him/her with the required support to fulfill the required duties.
- It is recommended that the company specify committee contribution as a KPI.
- I have read, understand and commit to adhering to the SAMED committee SOP's and Competition law guidelines as updated from time to time.

Signature: Nominating company

Signature of nominee accepting nomination