

NOMINATION FORM

IMPORTANT INFORMATION AND INSTRUCTIONS

- 1. Incomplete Nomination Forms will not be considered.
- 2. The provisions of MORCSA's MOI shall apply to all nominations received. Single Electing Members need only complete a single Nomination Form. Collective Electing Members must complete 1 (one) Nomination Form for each Director.
- 3. Download the form to digitally sign and submit.
- 4. Please return the completed nomination form to ceo@morcsa.co.za on or before midnight on 18 November 2025.
- 5. MORCSA will request permissions/acceptance directly from the nominated person(s).

| SECTIO | ON 1: CONFIRMATION | | | | |
|--------------------------------------|----------------------------|--|--|--|--|
| Is the nominee a current MORCSA Mem | ☐ Yes ☐ No ☐ Unsure | | | | |
| If yes, please state MORCSA Membersh | ip Number (if known): | | | | |
| SECTION 2: NOMINATOR'S INFORMATION | | | | | |
| Full Name of Nominator/s: | Number of Votes Allocated: | MORCSA Corporate Membership Number: | | | |
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| SE | CTION 3: NOMINEE'S | S INFORMATION | |
|--------------------------------------|--------------------|---------------|--|
| Full Name of Nominee: | | | |
| Email Address: | | | |
| Mobile Number: | | | |
| SIGNATURE ON BEHALF OF N | OMINATORS: | DATE: | |
| | | | |
| Confirming, duly authorized by the l | Nominator/s | | |

SUBMIT FORM to MORCSA via EMAIL at ceo@morcsa.co.za