

BP MEDICAL AID SOCIETY
PROXY FORM

I,, member no,

being a member of the BP Medical Aid Society, do hereby appoint:

Mr/Ms, member no,

or failing him or her, the Chairman of the meeting, to attend, speak and vote for me at the Annual General Meeting to be held in the Meeting Room No 8, BP Building, 10 Junction Avenue, Parktown, Johannesburg, on Tuesday, 26 May 2009 at 10:30, and at any adjournment thereof.

1. AGENDA ITEM 3: ANNUAL GENERAL MEETING MINUTES: 27 MAY 2008

My vote X

In favour		Against	
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2. AGENDA ITEM 4: ANNUAL REPORT

My vote X

In favour		Against	
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3. AGENDA ITEM 5: FINANCIAL STATEMENTS

My vote X

In favour		Against	
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Signed on the day of May 2009

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SIGNATURE OF MEMBER

*This proxy form must be completed and returned to: **The Scheme Manager, BP Medical Aid Society, PO Box 5324, Cape Town 8000**, or faxed to **021 480 4969** by Thursday, 21 May 2009, or handed to the Chairman or Principal Officer on 26 May 2009 at the above-mentioned venue.*