

THEBEMED 2023 BOARD OF TRUSTEES ELECTIONS



THEBEMED
MEDICAL AID SCHEME

CV FORM

Section 1: Personal Information

Full Name: _____ Cellphone No.: _____

Membership Number: __/__/__/_/__/__/_/__/__/_/ | Employee Number: __/__/__/_/__/__/_/__/__/_/

and Identity Number: __/__/__/_/__/__/_/__/__/_/__/__/_/__/__/_/

Gender: Male Female Current Position: _____

Previous Positions Held: _____

Section 2: Academic Qualifications

1. _____
2. _____
3. _____
4. _____
5. _____

Section 3: Acquired Skills & Experience

1. _____
2. _____
3. _____
4. _____
5. _____

I bring the following values and experience to the ThebeMed Board of Trustees.

Signature: _____ | Date: _____

Email thebemed2023@electionsagency.co.za | Fax Number: 086 678 4123 | Hand Delivery: The Elexions Agency, 2nd Floor, 104 Oxford Building, 11 9th Street, Houghton Estate, 2196 | Documentation to be returned by 5 May 2023 at 12h00 noon.