

WOOLTRU HEALTHCARE FUND

PROXY FORM

I,, member no.,

being a member of the Wooltru Healthcare Fund, do hereby appoint:

Mr/Ms, member no.,

or failing him or her, the Chairperson of the meeting, to attend, speak and vote for me at the Annual General Meeting to be held in the Auditorium, First Floor, Woolworths House, 93 Longmarket Street, Cape Town, on 11 June 2009 at 14:00 and at any adjournment thereof.

1. Agenda item 3: Minutes of Annual General Meeting: 11 June 2008

My vote X	In favour		Against	
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2. Agenda item 4: Annual Report of the Board: 2008

My vote X	In favour		Against	
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3. Agenda item 5: Annual Financial Statements at 31 December 2008

My vote X	In favour		Against	
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4. Agenda item 6: Report of the Auditors at 31 December 2008

My vote X	In favour		Against	
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5. Agenda item 7: Appointment of External Auditors for 2009

My vote X	In favour		Against	
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Signed on the day of June 2009

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SIGNATURE OF MEMBER

This proxy form must be completed and returned to Ms Amiena van Schalkwyk, The Fund Manager, Wooltru Healthcare Fund, PO Box 15403, Vlaeberg 8018, or faxed to 021 480 4759, by Friday, 5 June 2009.