## PROXY FORM Askari Life Assurance Company Limited

"I	S/	reside					dent of	
							of Aska	ari Life
Assurance	Company	Limited	hereby	appoi	nt			s/o
	reside	ent of						(full
address) as my p	roxy to vote on	my behalf a	at the 31 <sup>st</sup> An	nual Ge	neral l	Meeting o	of the Con	ıpany to
be held on Wed	nesday April 2	4, 2024 at 1	1:00 PM at	Blue La	agoon	Restaura	nt, Off Th	ne Mall,
Masud Akhtar K	iani Road Sadd	ar, Rawalpir	ndi, Rawalpi	ndi and	at any	adjournr	nent there	of.
Signed this	day of		_ 2024.					
					Pleas	se affix R	evenue St	amp
						Revei	nue	
Signature of the	Member					Stan	np	
Signature of the	Wichioci							
Signed in the pre	esence of:							
Witnesses								
Signature of Wit	ness No. 1			_		of Witnes	ss No. 2	
Name: CNIC No:				Nan CNI	ne: C No:			

## Note:

- 1. A person appointed as proxy shall be entitled to attend, speak and vote on behalf of appointer.
- 2. Attested copies of CNIC/Passport shall be provided with the proxy form.
- 3. A person may be appointed proxy even though he/she is not member of the company.
- 4. The instrument appointing a proxy shall be in writing under the hand of the appointer or of his attorney duly authorized in writing or if such appointer is a corporation under its common seal or the hand of its attorney.
- 5. The instrument appointing a proxy and the power-of-attorney or other authority (if any) under which it is signed, or a notarially certified copy of that power or authority, shall be deposited with the Company's Head Office at Emerald Tower, Office No 1104, 11th Floor, Plot G-19, Block 5, KDA Improvement Scheme No. 5, Clifton, Karachi,not less than forty-eight (48) hours before the time for holding the meeting.
- 6. The proxy shall produce his original CNIC/Passportat the time of the meeting.