



LIFE

Form of Proxy

I/We _____
 of _____
 being a member of EFU LIFE ASSURANCE LTD, hereby appoint
 Mr. _____
 of _____
 or failing him _____
 of _____

as my/our proxy in my/our absence to attend and vote for me/us and on my/our behalf at the 29th Annual General Meeting of the Company to be held on Wednesday, March 31, 2021 at 11.30 am and at any adjournment thereof.

Signed this _____ day of _____ 2021

WITNESS:

1. Signature: _____
 Name: _____
 Address: _____

 CNIC or
 Passport No: _____

2. Signature: _____
 Name: _____
 Address: _____

 CNIC or
 Passport No: _____



Signature of Member(s)
 Shareholder's Folio No. _____
 and/or CDC
 Participant ID, No. _____
 and Sub Account No. _____

Important:

This form of Proxy, duly completed, must be deposited at the Company's Registered Office at Al-Mulk Centre, 70 W, F-7/G-7, Jinnah Avenue (Blue Area), Islamabad not later than 48 hours before the time appointed for the meeting.

CDC Shareholders and their Proxies are requested to attach attested (photocopy of their Computerised National Identity Card (CNIC) or Passport with this proxy form before submission to the Company.

CDC Shareholders or their Proxies are requested to bring with them their Digital Computerised National Identity Card or Passport along with the Participant's ID number and their account number at the time of attending the Annual General Meeting in order to facilitate their identification.

AFFIX
POSTAGE

EFU LIFE ASSURANCE LTD.
The Company Secretary
Al-Malik Centre,
70 W, F-7/G-7
Jinnah Avenue (Blue Area)
Islamabad.

