



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 Extraordinary General Meeting of the Company to be held on Monday, October 23, 2023 at 11:30 a.m. and at any adjournment thereof.

Signed this _____ day of _____ 2023.

WITNESSES:

1. Signature: _____
Name: _____
Address: _____
CNIC Or
Passport No: _____



Signature of Member(s)

2. Signature: _____
Name: _____
Address: _____
CNIC Or
Passport No: _____

Shareholder's Folio No. _____
and / or CDC
Participant I.D.No. _____
and Sub Account No. _____

Important:

This form of Proxy duly completed must be deposited at the Company's Registered Office at Al-Malik Centre 70W, 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 each requested to attach attested photocopy of their Computerized 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 Original Computerized National Identity Card or Passport along-with the Participant's ID Number and their account number at the time of attending the Extraordinary General Meeting in order to facilitate their identification.