## **Proxy Form**

I/We	of	(full address) be	eing member(s) of Jul	bilee Life Insurance
Company Limited and holder of	Ordinar	y Shares as per Share Register Fol	io No	CDC Participant
ID CDC Account No	hereby appoint	Mr./Mrs./Miss	of	
(full address) or failing him / her	of	or failing him / her	of	
as my proxy to vote for me and on my be at Auditorium, Habib Bank Tower, Jinnal As witness my / our hand this	n Avenue, Islamabad and at a	ny adjournment thereof.	on Saturday, April 27,	, 2019 at 11:00 a.m.
Signature and Address of Witness			Please affix Revenue Stamp	
CNIC / Passport No		_	Signature of Member(s	<u> </u>

A member entitled to attend and vote at the Annual General Meeting to appoint another member as proxy to attend, speak and vote instead of him/her.

The instrument appointing a proxy shall be in writing under the hand of the appointer or of his attorney duly authorized in writing, if the appointer is a corporation, under its common seal or the hand of an officer or attorney duly authorized. A proxy must be a member of the Company.

The instrument appointing a proxy, together with the power of attorney if any under which it is signed or a notarial certified copy thereof, should be deposited at the Registered Office not less than 48 hours before the time of holding the meeting.