

ADAMJEE LIFE ASSURANCE COMPANY LIMITED

Proxy Form

I/We									
of									
•					ASSURANCE			hereby	appoint
of									
or failing him									
of									
					and vote for me d on Thursday				
adjournment			ompany to	be ner	u on muisuay	, April 23, 20	724 at 11.t	o a.m. ai	iu at any
Signed this			day of		2024.				
WITNESSES:									-
1. Signature:									
Name:							R	evenue	
								Stamp	
Address:								Stamp	
CNIC Or									
Passport N	o:								
							Signatur	e of Mem	ber(s)
							0		()
WITNESSES:									
2. Signature:					Shareholder's Folio No				
Name:					and/or CDC				
Address:						Participant I.D.No.			
						· · · · · · · · · · · · · · · · · · ·			
CNIC Or									
Passport N	0:								

Important:

This form of Proxy, duly completed, must be deposited at the Company's Principal Office at 3rd and 4th Floor, Adamjee House, I.I. Chundrigar Road, Karachi not later than 48 hours before the time appointed for the meeting.