



PROXY FORM

I/We							of_					
being m	ember of	Shah	een I	nsuran	ce Compa	ny Limi	ted and	d holder of				
ordinary	shares	as	per	Share	Register	Folio	No		and/or	CDC	Participant	ID
No			and A	Account	t/Sub-Acc	ount No)					
hereby a	appoint							0	of			as
my /our	proxy to	atten	id an	d vote f	for me/ us	and o	n my/c	our behalf at a	n Extra Ord	dinary (General Mee	ting
(EOGM)	of the Co	ompa	ny to	be held	d on Thurs	sday, Ju	une 15	5, 2023 at 11.0	00 a.m. at th	e Instit	ute of Charte	erec
Account	ants of Pa	akista	an, Cl	hartered	d Account	ants Av	enue,	Block 8, Clifton	n, Karachi a	ind at a	any adjournm	nen
thereof.												
Signed t	his			da	ay of,			2023.				
Witness	: 1											
Signatur	e											
Name												
CNIC No	o											
Address												
								Signature on				
								Revenue				
								Stamp of Rs.	5/-			
Witness	: 2											
Signatur	e											
Name												
CNIC No	o											
Address												

Notes:

- 1. The Proxy Form duly completed and signed along with attested copies of CNIC/Passport of the member, Proxy holder and the witnesses must be deposited at the Registered Office of the Company not later than 48 hours before the time of holding of the meeting. Original CNIC/Passport will be produced by the Proxy holder at the time of the meeting.
- 2. No persons shall be appointed as a Proxy unless he/she is a member of the company.
- 3. In case of corporate entity, the Board of Directors Resolution/Power of Attorney with specimen signature of the representative shall be submitted along with Proxy Form to the Company.
- 4. CDC account holders and their proxies must attach attested photocopy of their CNIC/Passport with the Proxy Form.