

EFU LIFE ASSURANCE LTD.

Form Of Proxy

I / We				
of				
being a member o	of E F U LIFE ASSURANCE LTD. he	ereby appoint		
Mr				
of				
or failing him —				
of				
as my / our proxy General Meeting thereof.	in my / our absence to attend and of the Company to be held on Tu	d vote for me / uesday, June 20	us and on my /), 2017 at 10.30	our behalf at the Extraordinary Da.m. and at any adjournment
Signed this	day of	2017.		
WITNESSES:				
1. Signature: Name: Address:		_" -		Revenue Stamp
CNIC No. Passport No:				Signature of Member(s)
2. Signature: Name: Address:		_ _	and / or CDC Participant I.D.N	olio No
CNIC No. Passport No:		_		

Important:

This form of Proxy duly completed must be deposited at the Company's Registered office at Al-Malik 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 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.