

Form Of Proxy

I / We				
of				
being a member o	f efu life assurance l	_TD hereby appoi	nt	
Mr				
of				
or failing him				
of				
Extraordinary Gene at any adjournmen	n my / our absence to ateral Meeting of the Comp of thereof. day of	any to be held on		
WITNESSES:			Г	
1. Signature: Name: Address:				Revenue Stamp
CNIC Or Passport No:			L Sign	ature of Member(s)
2. Signature: Name: Address: CNIC Or Passport No:			and / or CDC	0

<u>Important:</u>

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.