

## **Proxy Form**

I/We	of			(full address) b	eing member (s) of Jubilee	Life Insur-
ance Company Limited and holder of		Ordinary Shares a	Ordinary Shares as per Share Register Folio No		_CDC Participant ID	CDC
Account No	hereby appoint Mr./Mrs./Mis	S	_ of		(full address) or failing h	nim / her
of	or failing him / her _	of	as my prox	y to vote for me	and on my behalf at the An	nual Gen-
eral Meeting of the Company to be held on Tuesday, March 28, 2017 at 11.00 a.m. at Auditorium, Habib Bank Tower, Jinnah Avenue, Islamabad and at any						
adjournment thereof.						
As witness my/our hand this _	da	y of 20	17.			
Signature and Address of Wite				Please affi	ix	
CNIC/ Passport No				Revenue S	itamp	
				Signature	of Member(s)	

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.