Form of Proxy

I/We				
of				
a member of CEN	NTURY INSURANCE	COMPANY LIMITED) hereby	
appoint				
of				
or failing him				
of				
	t the Annual Gener	ral Meeting of the s		ur proxy and to vote for me/us and ompany to be held on the 29th day
Signed this	day of May	2020.		
Folio No.	CDC Participant ID No	CDC Account/ Sub-Account No	No. of shares held	
				Signature
Witness 1			Witness 2	
Signature			Signature	
Name			Name	
CNIC No.			CNIC No.	
Address			Address	

Notes:

- 1. The proxy must be a member of the Company.
- 2. The signature must tally with the specimen signature/s registered with the Company.
- 3. If a proxy is granted by a member who has deposited his/her shares in Central Depository Company of Pakistan Limited, the proxy must be accompanied with participant's ID number and CDC account/sub-account number alongwith attested photocopies of Computerized National Identity Card (CNIC) or the Passport of the beneficial owner. Representatives of corporate members should bring the usual documents required for such purpose.
- 4. The instrument of Proxy properly completed should be deposited at the Registered Office of the Company not less than 48 hours before the time of the meeting, excluding holidays.