PROXY FORM

I/We	of	(full add	ress) being member (s)	
of Jubilee Life Insur	rance Company Limited and holder of _	Ordinary Shares as p	per Share Register Folio	
No	CDC Participant ID	CDC Account No	hereby appoint	
Mr./Mrs./Miss	of	(full addre	ss) or failing him / her	
of	or failing hi	m / her of	as my	
proxy to vote for m	ne and on my behalf at the Extraording	ory General Meeting of the Compan	y to be held on Friday,	
November 4, 2016 a	nt 11.00 a.m. at Auditorium, Habib Bar	nk Tower, Jinnah Avenue, Islamabad	and at any adjournment	
thereof. As witne	ess my/our hand this	day of	2016.	
Signed by				
In presence of				
		D1 000		
Signature		Please affix	Revenue Stamp	
Name:		Revenue St	amp	
Addresee:				
Passport / CNIC No				
		Signatu	ure of Member(s)	

A member entitled to attend and vote at the Extraordinory 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.