

PROXY FORM Annual General Meeting

I/We	of		(full address)	
being member(s) of Jubilee	Life Insurance Company	Limited and holder of		
Ordinary Shares as per Sha	re Register Folio No	CDC Participant ID		
CDC Account No	hereby appoint Mr.	/Mrs./Miss		
of	(full address)	or failing him/her	of	
or	failing him/her	of	as my	
proxy to vote for me and or	n my behalf at the Annual (General Meeting of the Co	mpany to be	
held on Thursday, April 25,	2024 at 04:00 p.m. at HBL	. Auditorium, Habib Bank	Tower Jinnah	
Avenue, Islamabad and at a	ny adjournment thereof.			
As witness my/our hand th Signature and Address of CNIC/ Passport No.	Witness	day of	2024.	
			Please affix	
		Revenue	Stamp	
Signature and Address of CNIC/ Passport No		Signature of	Member(s)	
A member entitled to attend as proxy to attend, speak a		eral Meeting to appoint and	ther member	
The instrument appointing a attorney duly authorized in or the hand of an officer or at	writing, if the appointer is	a corporation, under its	common seal	
The instrument appointing a	a proxy, together with the p	power of attorney if any u	nder which i	

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.