Form of Proxy

I/We	of	
being a member(s) of Habib Insurance Co	ompany Limited and holding_	
ordinary shares, as per Register Folio No.	/CDC Account and Participa	nt's I.D. No
do hereby appoint	Folio No.	/CDC Account and Participant's I.D.
Noof		
or failing him/her	Folio No.	/CDC Account and Participant's I.D.
Noof		
another member of the Habib Insurance Cobehalf at the Eighty Second Annual Gener and at any adjournment thereof.		
As witness my/our hand this	day of	2025.
		REVENUE STAMP RS. 5
		SIGNATURE OF MEMBER (S)
(The signature of the shareholder should a or as per CNIC/ Passport in case the shar		
Witnesses: 1. Signature Name Address CNIC/Passport No.	Name Address	sport No

A member entitled to attend the Annual General Meeting is entitled to appoint a proxy to attend and vote instead of him/ her. No person shall act as proxy (except for a corporation) unless he/ she is entitled to be present and vote in his/ her own right.

CDC account holder or sub-account holder appointing a proxy should furnish attested copies of his/ her own as well as the proxy's CNIC/ Passport with the proxy form. The proxy shall also produce his/ her original CNIC/ Passport at the time of the meeting. In case of corporate entity, the Board of Directors resolution/ power of attorney with specimen signature shall be submitted along with proxy form.

The instrument appointing a proxy should be signed by the member or by his/ her attorney duly authorised in writing. If the member is a corporation, its common seal (if any) should be affixed to the instrument.

The proxy forms, together with the power of attorney (if any), under which it is signed or a notarially certified copy thereof, shall be deposited at the Registered Office of the Company not less than 48 hours before the time of the meeting.