

## Form of E-Voting

I/We	
of	peing a member of EFU LIFE ASSURANCE LTD. hereby opt for oroxy and will exercise e-voting as per the Companie reby demand for poll for resolutions at the 28th Annua pe held on Friday March 27, 2020 at 11:30 a.m. and at an
My secured email address is password and electronic signature throu	, please send login details ugh email.
Signed this day of  WITNESSES:  1. Signature:	
Name: Address: CNIC Or	
Passport No:  2. Signature:	
Name: Address:  CNIC Or Passport No:	Participant I.D.Noand Sub Account No

## Note:

This form of Proxy, duly completed, must be deposited at Al-Malik Centre, 70 W, F-7/G-7, Jinnah Avenue (Blue Area), Islamabad or through email: abbashussain@efulife.com.