



AGRANI INSURANCE COMPANY LTD.

Registered Office: City Centre (Level-17), 90/1, Motijheel C/A, Dhaka-1000, Bangladesh

PROXY FORM

I/We _____
of _____
_____ being a Member of Agrani Insurance Company Limited do hereby appoint
Mr./Ms. _____
of _____
of (failing him/her) Mr./Ms. _____
of _____
as my/our proxy, to vote for me/us and on my/our behalf at the 21st Annual General Meeting of the Company to be held virtually by using digital platform on Wednesday, 28 April 2021 at 11:00 AM and at any adjournment thereof.

Signed this _____ day of _____ 2021.

Signature of Proxy



Signature of Shareholder _____

BO No.

No. of Shares: _____

N.B: IMPORTANT

1. This Form of Proxy, duly completed, must be scanned and sent through email at least 72 hours before the meeting at mofizuraicl@gmail.com. Proxy is invalid if not signed and stamped as explained above.
2. Signature of the shareholder should agree with the specimen signature registered with the Company and depository register.