

AGRANI INSURANCE PLC

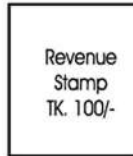
Registered Office: City Centre (Level-17), 90/1, Motijheel C/A, Dhaka-1000, Bangladesh

PROXY FORM

I/We _____
of _____
_____ being a Member of Agrani Insurance PLC 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 26th Annual General Meeting of the Company to be held virtually by using digital platform on Thursday, 14 May 2026 at 11:00 AM and at any adjournment thereof.

Signed this _____ day of _____ 2026.

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.

AGRANI INSURANCE PLC

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

PROXY FORM

I hereby record my attendance at the 26th Annual General Meeting of the Company to be held on Thursday, 14 May 2026.

Name of the Member/Proxy _____

B.O No. _____ holding of _____ ordinary shares.

Signature of Shareholder(s) / Proxy