## Form of Proxy

The Secretary
IBL Healthcare Limited
2<sup>nd</sup> Floor, One IBL Centre, Block 7&8, DMCHS
Tipu Sultan Road, Off: Shahrah e Faisal, Karachi

husband of,
ordinary shares hereby appoint
te relationship ( if any) with the proxy;
/ wife / husband of ,
der Folio No) [required by
us and on my / our behalf at the Annual
23 and / or any adjournment thereof.
Rs. 5/- Revenue Stamp
<u> </u>
Signature of Member(s)
Shareholders Folio No and / or CDC Participation I.D. No and Sub-Account No.

## Note:

- 1. The member is requested:
  - I. To affix Revenue Stamp of Rs. 5/- at the place indicated above.
  - II. To sign across the revenue Stamp in the same style of signature as is registered with the Company.
  - III. To write down his Folio Number.
- 2. In order to be valid, this proxy must be received at the registered office of the Company at least 48 hours before the time fixed for the Meeting, duly completed in all respects.
- 3. CDC Shareholders or their proxies should bring their original Computerized National Identity Card or Passport along with the Participant's ID Number and their Account Number to facilitate their identification. Detailed procedure is given in the Notes to the Notice of AGM.