

FORM OF PROXY
Extraordinary General Meeting
Shifa International Hospitals Limited

I/We _____
of _____

being a member of Shifa International Hospitals Ltd.

Folio No./CDC A/c No. _____ No. of Shares _____

hereby appoint _____ of _____

Folio No./CDC A/c No. _____

or failing him/her _____

of _____ Folio No./CDC A/c No. _____

who is a member of the Company as my/our proxy in my/our absence to attend and vote for me/us and on my/our behalf at the Extraordinary General Meeting of the Company to be held at 1100 hours on Saturday June 15, 2024, and at any adjournment thereof.

As witness my hand this _____ day of _____ 2024.

Signed by the said _____

Revenue Stamp

(Signature must agree with the
SPECIMEN signature
registered with the Company)

Witnesses:

1. **Signature** _____

Name _____

Address _____

CNIC/Passport No. _____

2. **Signature** _____

Name _____

Address _____

CNIC/Passport No. _____

Important:

1. This form of Proxy, duly completed, signed and stamped must be deposited at the Company's Registered Office, Sector H-8/4 Islamabad, not less than 48 hours before the time of holding the meeting.
2. If a member appoints more than one proxy and more than one instruments of proxy are deposited by a member with the Company, all such instruments of proxy shall be rendered invalid.
3. CDC account holder, sub account holder/shareholder may appoint proxy and the proxy must produce his/her original CNIC or original passport at the time of attending the meeting.

**AFFIX
CORRECT
POSTAGE**

The Company Secretary
Shifa International Hospitals Ltd.
Sector: H-8/4, Islamabad,
Pakistan.