



E F U GENERAL INSURANCE LIMITED

Form Of Proxy

I / We _____

of _____

being a member of E F U GENERAL INSURANCE LIMITED hereby appoint

Mr. _____

of _____

or failing him _____

of _____

as my / our proxy in my / our absence to attend and vote for me / us and on my / our behalf at the 84th Annual General Meeting of the Company to be held on Saturday, 15 April 2017 at 10:30 a.m. and at any adjournment thereof.

Signed this _____ day of _____ 2017.

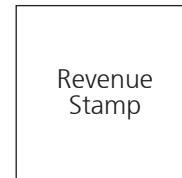
WITNESSES:

1. Signature: _____

Name: _____

Address: _____

CNIC Or
Passport No: _____



Signature of Member(s)

2. Signature: _____

Name: _____

Address: _____

CNIC Or
Passport No: _____

Shareholder's Folio No. _____

and / or CDC

Participant I.D.No. _____

and Sub Account No. _____

Important:

This form of Proxy, duly completed, must be deposited at the Company's Registered Office at Kamran Centre, 1st Floor, 85 East, Jinnah Avenue, Blue Area Islamabad, not later than 48 hours before the time appointed for the meeting.

CDC Shareholders and their Proxies are each requested to attach attested photocopy of their Computerized National Identity Card (CNIC) or Passport with this proxy form before submission to the Company.

CDC Shareholders or their Proxies are requested to bring with them their Original Computerized National Identity Card or Passport along with the Participant's ID number and their account number at the time of attending the Annual General Meeting in order to facilitate their identification.