



Your Trusted Risk Manager

SENA KALYAN INSURANCE COMPANY LIMITED
সেনা কল্যাণ ইন্স্যুরেন্স কোম্পানী লিমিটেড

HEAD OFFICE

SKS Tower (12th Floor)
7, VIP Road, Mohakhali, Dhaka-1206.
PABX : + 88 02 5505855
+ 88 02 5505856, +88 02 5505857
FAX : +88 02 5505858

Proxy Form

I/We
of being a member of **Sena Kalyan Insurance Company Limited** and a holder of shares do hereby appoint Mr./Ms of as my/our proxy to vote for me/us and on my/our behalf at the **1st Extra-ordinary General Meeting (Hybrid System)** of the Company to be held on **Monday, 15 July 2024** and any adjournment thereof.

Signed this day of 2024.

Signature

Signature

Name

Name

Folio/BO IDNo.

Folio/BO ID No.

Member

Revenue
Stamp

Proxy

NOTES:

- 1) This form of proxy, duly completed, must be deposited at least 48 hours before the meeting at the registered office. Proxy is invalid if Not duly signed and stamped.
- 2) Signature of the Shareholders should agree with the Specimen Signature registered with the Company and Depository Register.



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Attendance Slip

I/We hereby record my/our attendance at the **1st Extra-ordinary General Meeting (Hybrid System)** of **Sena Kalyan Insurance Company Limited** on **Monday, 15 July 2024** at 11.00 a.m. by using online digital platform as a holder of shares of the Company.

Signature

Name

(Member/Proxy)

Folio/BO ID No.