Crystal Insurance PLC
ক্রিষ্টাল ইন্স্যুরেন্স পিএলসি
We've got you covered

Registered Office & Corporate Office:
DR Tower (14th floor), 65/2/2, Box Culvert Road, Purana Paltan, Dhaka-1000
Tel: +8802-55112733-38, Fax: 55112742, E-mail: info@ciplcbd.com, www.ciplcbd.com

PROXY FORM

I,.....of
.....being
a member of Crystal Insurance PLC do hereby appoint Mr./Ms. .....
.....of
.....as my proxy to vote for me and on my behalf at the 25th **Annual General Meeting** of the Company to be held on 23rd March, 2025 at 11:30 AM and at any adjournment thereof or at any ballot to be taken in consequence thereof.

Signed this.....day of .....2025.

Signature of Proxy.....

Revenue Stamp Tk. 20/-

Signature of Shareholder

Folio/Bo ID No. .....
No. of Shares.....

N.B. : IMPORTANT

1) This form of Proxy, duly completed, must be deposited at least 72 hours before the meeting at the Company's Registered Office. Proxy is invalid of not signed and stamped as explained above.
2) Signature of the Shareholder should agree with the specimen signature registered with the Company.

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ATTENDANCE SLIP

I hereby record my attendance at the 25th **Annual General Meeting** of the Company bieng held on Sunday the 23rd March, 2025 at 11:30 AM through hybrid system.

Name of Shareholder/Proxy.....

Signature of Shareholder

Folio/Bo ID No. .....
No. of Shares.....

N.B. Shareholder attending Meeting in person or by Proxy are requested to complete the attendance slip and hand over it to the Share Department of the Company.