



Crystal Insurance Company Limited

ক্রিস্টাল ইন্স্যুরেন্স কোম্পানী লিমিটেড

We've got you covered

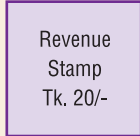
Registered Office & Corporate Office:

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

PROXY FORM

I,of
.....being
a member of Crystal Insurance Company Limited do hereby appoint Mr./Ms.
.....of
.....as my proxy to vote for me and on my behalf
at the **23rd Annual General Meeting** of the Company to be held on **18th June 2023 at 11:30 AM** and at any adjournment
thereof or at any ballot to be taken in consequence thereof.
Signed this.....day of**2023**.

Signature of Proxy.....



Revenue
Stamp
Tk. 20/-

Signature of Shareholder

Follo/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 if 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 **23rd Annual General Meeting** of the Company being held on
Sunday the 18th June, 2023 at 11:30 AM using Digital platform.

Name of Shareholder/Proxy.....

Signature of Shareholder

Follo/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.