

Delta Life Insurance Company Limited

Central Office

Delta Life Tower, Plot # 37, Road # 90
Gulshan Circle-2, Dhaka-1212

PROXY/AUTHORIZATION FORM

I/We ofbeing a shareholder(s												ler(s) of	
Delta Life Insurance Cor	mpany Limit	ed do	b hereb	у ар	point	Mr./	Mrs.						of
or failing him /her Mr./Mrs													
			•		•						•		
the 39 th Annual General	•			•						<u>25</u> at	† <u>11</u>	.00	A.M. at
virtually through video co	nterencing	system	n and a	t any	adjo	urnm	ent t	here	ot.				
As wished, I/We have atta	ested Signat	ure of	the Pro	ху Но	older (on	C	day c	of				2025.
	G			,				,					
						(1)							
		Revenue Stamp				(1)							
		т	k. 100.0	00									
Signature of the Shareholder(s)						(2)							
No. of Shares held		Signature of the Pro								roxy	Holo	der(s)	
						Ü				,		. ,	
Folio No.													
BO ID No.													
E-mail of Shareholder			1		l .				l		1		<u> </u>
Mobile of Shareholder													
E-mail of Proxy Holder(1)													
Mobile of Proxy Holder(1)													
E-mail of Proxy Holder(2)													
Mobile of Proxy Holder(2)													
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NOTE:

- 1. A Member entitled to attend and vote at the <u>39th</u> Annual General Meeting (AGM) may appoint a PROXY to attend and vote on his/her behalf.
- 2. Signature of the Shareholder(s) must agree with the Specimen Signature recorded with the Company.
- 3. The Honorable Shareholder(s) will submit their Proxy form through online/manual no later than 48 hours before commencement of the AGM i.e., <u>24thJuly</u>, <u>2025</u> at <u>11.00</u>A.M. Proxy is invalid if not signed and stamped as explained above.