



**Republic Insurance Company Limited**  
 রিপাবলিক ইনস্যুরেন্স কোম্পানী লিমিটেড

**PROXY FORM**

I/We \_\_\_\_\_  
 of being a member(s) of Republic Insurance Company Limited hereby appoint Mr./Mrs./Ms. \_\_\_\_\_  
 \_\_\_\_\_ of \_\_\_\_\_  
 as my/our proxy to attend and vote for me/us and on my/our behalf at the 24<sup>th</sup> Annual General Meeting of the  
 Company to be held on Thursday, the June 27, 2024 at 11:00 AM and at any and or at any adjustment thereof.  
 Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2024.

Revenue  
 Stamp  
 20/=

Signature of Shareholder(s) \_\_\_\_\_ Signature of the Proxy: \_\_\_\_\_  
 BO ID: \_\_\_\_\_  
 No. of Shares held: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature  
 Republic Insurance Company Limited

\_\_\_\_\_  
 Signature verified

NB: Important

This Proxy Form, duly complete, signed and affixed with revenue stamp of Tk. 20/- must be deposited at least  
 48 hours before the time fixed for the meeting at the Company's Registered Office through E-mail ID no. info@ri-  
 clbd.com. Proxy will be invalid if not signed and stamped as explained above.

Signature of the Shareholder should match with the Specimen Signature registered with the Company.



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**ATTENDANCE SLIP**

I hereby record my attendance at the 24<sup>th</sup> Annual General Meeting of the Company being held on Thursday, the  
 June 27, 2024 at 11:00 AM through digital platform.

Signature of Shareholder(s) \_\_\_\_\_ Signature of the Proxy: \_\_\_\_\_  
 Name of Shareholder (s) \_\_\_\_\_ Name of Proxy: \_\_\_\_\_  
 BO ID: \_\_\_\_\_  
 No. of Shares held: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature  
 Republic Insurance Company Limited

Please bring this Attendance Slip with you. Admission into the meeting will not be allowed without it.