



ইসলামী কমাশিয়াল ইন্স্যুরেন্স পিএলসি.
اسلامی کمرشیل انشورنس بی ایل سی

Islami Commercial Insurance PLC.

Head Office: City Center (Level – 16), 90/1, Motijheel C/A, Dhaka-1000.

Phone: 47113793, 47113794, 02223383451 (PABX), E-mail: icicld@gmail.com

Web: www.icicld.com

PROXY FORM

I/We.....of

being a member of Islami Commercial Insurance PLC. do hereby appoint Mr./ Mrs./ Miss

of.....

as my/our proxy, to vote for me/us and on my/our behalf at the 25th Annual General Meeting of the Company to be held on 31st July, 2025 at 11.30 a.m. through Hybrid System, presence at The Institution of Diploma Engineers, Bangladesh (IDEB) Bhaban, 160/A, Kakrail, Dhaka.

Signed this day of 2025

Signature of Proxy :.....

Revenue
Stamp
(Tk. 100/-)

Signature of Shareholder(s),.....

B.O A/c. No:.....

B.O A/c. No. :.....

N.B. : IMPORTANT:

1. This form of proxy, duly completed, must be submitted at least 48 hours before the meeting to the company secretary physically or through email to icicld@gmail.com. Proxy is invalid if not signed and stamped as explained above.
2. Signature of the Shareholder and the Proxy should agree with the Specimen Signature registered with the Company.
3. As per Articles of Association of the Company, Proxy can be given only the person who is a member (Shareholder) of the Company.



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Attendance Slip

I hereby record my attendance at the 25th Annual General Meeting of the Company being held on 31st July, 2025 at 11.30 a.m. through Hybrid System, presence at The Institution of Diploma Engineers, Bangladesh (IDEB) Bhaban, 160/A, Kakrail, Dhaka.

Name of Shareholder(s)/ Proxy.....

B.O. A/c. No.holding of ordinary shares of
Islami Commercial Insurance PLC.

Signature of Shareholder(s)/Proxy

Date :

N.B. Please present this slip at the Reception Desk.