

PROXY REVOCATION FORM

Member Details

Full Name:

Address:

ID Card/ Passport No:

Contact No:

Declaration

I, the undersigned Member of the Amana Takaful (Maldives) PLC declare that I wish to revoke the following proxy holder;

.....
Which I had appointed through my (Date) proxy form.

Date:

Shareholder Signature:

Company Stamp (for corporate entities):

Please submit the completed and signed form to the Registered Office of the Company, 3rd Floor, H. Mialani, Sosun Magu, Male', Republic of Maldives not less than one hour prior to the commencement of the annual general meeting on 14th May 2017 at 2.00 p.m.