



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 24th 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 24th 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.