

AR-RAHA HOSPITAL & DIAGNOSTICS LTD.
Hajj Camp Area, Ashiyan City Road, Dhaka-1230

ANNUAL GENERAL MEETING PROXY VOTING FORM

1. Shareholder Information.

- a) Full Name (Block Capital):
- b) Address:
- c) Email:
- d) Cell Phone Number:
- e) Number of Shares Held:

2. Appointment of Proxy.

- a) Name of Proxy (Block Capital):
- b) NID of Proxy:
- c) Address of Proxy:
- d) Relation with Shareholder:
- e) Email of Proxy:
- f) Cell Phone Number:

3. Voting Instruction. Please provide a short brief on your voting instructions for each resolution when asked for it specifying the appropriate option: "For", "Against" or "Abstain".

4. Special Instruction (if any):

5. Signature and Date: I, (please insert your full name) hereby confirm that I have read and understand the contents of this proxy form and authorize the named proxy as in para-2 above to vote on my behalf as indicated in voting instructions.

Shareholder's Signature

Date: February 2025.

Special Notes:

- 1. Please submit the duly filled up form to be reached by the Company registered office by 19 February 2025 morning 10 am or before.
- 2. Follow the procedure as mentioned in concerned clause in Articles of Association.