## FORM OF PROXY

The Company Secretary Gillette Pakistan Limited 11th Floor, The Harbour Front, Dolman City, HC-3, Block 4, Abdul Sattar Edhi Avenue, Clifton, Karachi -75600, Pakistan. Tel: + (92 21) 3520 5088 Fax: + (92 21) 3529 6150

I/W	e		S/W/D of			being a member of
Gille	ette Pakist	an Ltd. (the	Company) and holder of	Shares as per Share Register Folio No.		
and/or CDC Participant ID No				and Sub Account No		
hereby appoint				_ (Name)	of	
						(full address)
or	failing	him/her		(Name)	of	
			(full address	s) as my /ou	ır proxy	to attend, speak and vote for
me/	us and on	my/our be	half, at the Extra Ordinary Gen	eral Meetin	g of the	e Company to be held on June
25,	2021, at Ka	arachi and a	t any adjournment thereof. As	witnessed g	iven un	der my/our hand(s) day

Signature of Members

Witnesses:

of June 2021.

1. Signature:	 2. Signature:	
Name:	 Name:	
NIC No.:	 NIC No.:	
Address:	 Address:	

NOTE:

- 1. In order to be effective, this form of proxy duly completed, stamped, signed and witnessed along with power of attorney, or other instruments (if any), must be deposited at the registered office of the company at least 48 hours before the time of the meeting.
- 2. In case of proxy for an individual beneficial owner of shares from CDC, attested copies of beneficial owner's computerized national identity card (CNIC) or passport, account and participant's ID numbers must be deposited along with the form of proxy. In case of proxy for representative of corporate members from CDC, Board of Directors' resolution and power of attorney and the specimen signature of the nominee must be deposited along with the form of proxy. The proxy shall produce his / her original CNIC or passport at the time of meeting.