

# **FORM OF PROXY**

The Company Secretary  
Gillette Pakistan Limited  
11<sup>th</sup> 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/We \_\_\_\_\_ S/W/D of \_\_\_\_\_  
being a member of Gillette Pakistan 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) as my /our proxy to attend, speak and vote for me/us and on my/our behalf,  
at the \_\_\_\_\_ Annual General Meeting / Extra Ordinary General Meeting of the Company  
to be held on \_\_\_\_\_, at \_\_\_\_\_ and at any adjournment thereof.  
As witnessed given under my/our hand(s) \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Members

## **Witnesses:**

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.