SAMORITA HOSPITAL LIMITED

Registered Office : 89/1, Panthapath, Dhaka-1215.

PROXY FORM

I/We.....

of.....

being a member of Samorita Hospital Limited do hereby

appoint Mr./Mrs.....

of.....

or (failing him/her) Mr./Mrs. .....

as my/our proxy, to vote for me/us and on my/our behalf at the Thirty ninth Annual General Meeting of the Company to be held on Thursday, December 26, 2024 at 11:00 A.M. through digital platform.

Signed this ..... day of ..... 2024.

Signature of Proxy .....

Revenue Stamp Tk. 100.00

Signature of Shareholder

Folio No. .....

No. of Shares .....

BO ID																

N.B.

1. This form of Proxy, duly completed, must be deposited at least 48 hours before the meeting at **shlshare@yahoo.com** or the Company's Registered Office. Proxy is invalid if not signed and stamped as explained above.
2. Signature of the Shareholder should agree with the Specimen Signature registered with the company.

SAMORITA HOSPITAL LIMITED

Registered Office : 89/1, Panthapath, Dhaka-1215.

ATTENDANCE SLIP

I hereby record my attendance at the THIRTY NINTH ANNUAL GENERAL MEETING of the Company being held on Thursday, December 26, 2024 at 11:00 A.M. through digital platform.

Name of Member/Proxy .....

Folio No. .....

Signature .....

Date .....

BO ID																