

EXTRA ORDINARY GENERAL MEETING FORM OF PROXY

Ι,	of		being a member of
Ferozsons Laboratories Lim	ited hereby appoint Mr./	Mrs	
of	or failing him/her Mr./Mrs		
of	as my/our proxy to at	tend and vote fo	or me/us and on my/our
behalf at the Extra Ordinary Ge	neral Meeting of the Com	pany to be held	on 3rd day of July 2017
and at any adjournment thereo	f.		
IN WITNESS my/our hand	day of	2017.	
Signed by the Said			
Affix Revenue Stamps of Rs. 5/-			Signature of Member
1. Witness:	2.	Witness:	
Signature:		Signature:	
Name:		Name:	
CNIC No		CNIC No.	
Address:		Address:	

Important: The Form of Proxy duly completed, must be received at the Company's Registered Office, 197-A, The Mall, Rawalpindi, not later than 48 hours before the time for holding the meeting. For completion of Proxy form please fulfill requirements given in the respective Notice of Extra Ordinary General Meeting.