



**QUETTA TEXTILE MILLS LIMITED**

**Proxy Form of Quetta Textile Mills Limited**

I/We \_\_\_\_\_

Folio No. \_\_\_\_\_ of \_\_\_\_\_

Being shareholder(s) of **Quetta Textile Mills Limited** and a holder of \_\_\_\_\_

Ordinary share does hereby appoint \_\_\_\_\_

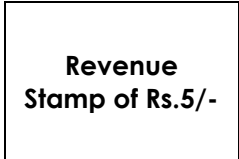
of \_\_\_\_\_

or failing him/her \_\_\_\_\_

of \_\_\_\_\_

a member of Quetta Textile Mills Limited Registered Folio no. \_\_\_\_\_ as my/our proxy to act on my/our behalf at the 62nd Extraordinary General Meeting of the Company to be held on Friday, January 23, 2023 at 9.30 a.m. at the Ground Floor, Nadir House, I. I. Chundrigar Road, Karachi and/or at any adjournment thereof.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2023.



Signature \_\_\_\_\_

(Signature should agree with the specimen signature registered with the Company)

**NOTICE:**

- a) No proxy shall be valid unless it is duly stamped with a revenue stamp of Rs. 5/-
- b) In the case of Bank or Company, the proxy form must be executed under its common seal and signed by its authorized persons.
- c) Power of Attorney or other authority (if any) under which this proxy form is signed, a certified copy of that Power of Attorney must be deposited along with this form
- d) This proxy form duly completed must be deposited at the Registered Office of the Company at least 48 hours before the time of holding the meeting.
- e) In case of CDC account holder
  - 1) The proxy form shall be witnessed by two persons whose names, addresses CNIC numbers shall be mentioned on the form
  - 2) Attested copies of CNIC or passport of the beneficial owners and the proxy shall be furnished with the proxy form.
  - 3) The proxy shall produce his original, CNIC or passport at the time of meeting.
  - 4) In case of corporate entity, the Board of Directors' resolution/Power of Attorney with specimen signature of the proxy holder shall be submitted (unless it has been provided earlier with proxy form to the Company)

**Witness – 1**

**Witness - 2**

Name : \_\_\_\_\_

Name : \_\_\_\_\_

CNIC No : \_\_\_\_\_

CNIC No: \_\_\_\_\_

Address : \_\_\_\_\_

Address : \_\_\_\_\_