

PROXY REGISTRATION FORM

EXTRAORDINARY GENERAL MEETING (02/2024)

EXTRAORDINART GENERALIV	LETING (02/2024)	
SECTION A SHAREHOLDE	R DETAILS	
Full Name		
ID Card No/PP No/Company Regi	stration No	
Current Address		
Mobile No.	Email Address	
SECTION B GUARDIANSHIP	DETAILS (To be filled for shareholders under the age of	18 years, or those subject to legal guardianship.)
Full Name of the Parent/Guardian		
National ID No. of Parent/Guardia	n	
Current Address		
Mobile No. of Parent/Guardian		
SECTION C PROXY INFOR	MATION	
Full Name of the Proxy		
National ID No. of the Proxy		
Current Address		
Mobile No.	Email Address	
DECLARATION OF THE SHAF	REHOLDER	
Extraordinary General Meet	ne proxy described herein has been appointed ing (No. 02/2024) of Maldives Islamic Bank Pl id Meeting. I/We declare that the proxy being cy.	LC. on my/our behalf. This appointment
Signature	Date	Seal/Stamp (For institutions only)
NOTES		
1. All fields in the form are mandatory	y. it ID Card copy/ PP Copy of the shareholder along with the	e form
3.Legal entity shareholders may sub-	mit a Copy of the Board Resolution along with the ID card o	
the form signed by an authorized 4. For shareholders under the age of	signatory of the entity. 18, please submit an ID card copy of parent/quardian.	
3	guardian of a shareholder by virtue of a legal guardianship	order must submit a copy of such order along with the
6. The guardian on record with the Ba	ank is to sign for shareholders under the age of 18 years or	r for those subject to a legal guardianship order.

FOR OFFICE USE ONLY

Verified & Updated by

Name Date Signature

7. Please email the completed form and supporting documents to investor.relations@mib.com.mv.