Annexure

AKD Investment Management Limited

PROXY APPOINTMENT FORM-A

Date: _____ **Name:** _____ **Department:** _____

Appointment for attending : ☐ **AGM** ☐ **EOGM**

Details:

Name of Company	Name of Fund	Date of Meeting
_____	_____	_____
_____	_____	_____
_____	_____	_____

Proxy holds any conflict of Interest? ◉ **Yes** ○ **No**

If Yes Reason:

_____

_____

_____

It is hereby confirmed that the above said proxy shall have voting rights, obligation and responsibility as member of Investee company and the appointed proxy shall adhere to company proxy voting policy and applicable laws and regulations.

Representative signature	Signature of Investment Committee members	Compliance department
_____	_____	_____
	_____	

AKD Investment Management Limited

NON-PERFORMANCE OF PROXY FORM-B

Date: _____ **Name:** _____ **Department:** _____

Types of meeting: **AGM** ☐ **EOGM** ☐

Details:

Name of Company	Name of Fund	Date of Meeting	Reasons for non-performance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Comments / Reasons (If any)

_____

_____

_____

It is hereby confirmed that the above said details are documented accurately for the non appointment of proxy and investment committee has adhere to company proxy voting policy and applicable laws and regulations.

Signature of Investment Committee members

_____

_____

_____

_____

Compliance department

_____

Representative signature

_____