Authorization Format (On the letterhead of the Company)

Date:

The Secretary ISE Towers REIT Management Company Limited Islamabad.

Sub: Authorization to Attend the EOGM on Behalf of the Corporate Shareholder

Dear Sir,

Please be informed that Mr./MsS/o, D/o, W/o		
R/o holder of CNIC No	has been	duly
authorized by the Board of Directors of our company vide resolution dated _		to
participate, deliberate and vote on resolutions included in the agenda of the notice	of the 37 th	Extra
Ordinary General Meeting of the ISE Towers REIT Management Company Li	mited sche	duled
for January 22, 2025 or at any date adjourned/rescheduled thereof. Resolution of	the Board	dated
in original duly signed and stamped is attached herewith for refer	rence and re	ecord.

Yours truly,

Seal of the Company

Authorized Signatory

SPECIMEN RESOLUTION

The following resolution has been passed by the Board of Directors of (<u>Name of the Company</u>) in its meeting held on _____.

Resolved that Mr./Ms. _____ S/o, D/o, W/o_____ R/o

______be and is hereby authorized on behalf of the company to participate and vote for resolution included in the agenda of the notice of the 37th Extra Ordinary General Meeting of ISE Towers REIT Management Company Limited scheduled for January 22, 2025 or at any date adjourned/rescheduled thereof.

Certified True Copy.

Authorized Signatory

Seal of the Company

FORM OF PROXY

I/We, _______ of ______, being a member(s) of ISE Towers REIT Management Company Limited, do hereby appoint Mr./Ms. ______ S/o, D/o, W/o ______ R/o ______, holder of CNIC no. ______ as my/our proxy in our absence to attend and vote for me/us and on my/our behalf at 37th Extra Ordinary General Meeting of the Company to be held on the January 22, 2025 or at any adjournment thereof.

Signature over The Proxy: Revenue Stamp The Member: of Rs.5/-Signature:_____ Signature:_____ Name: Name: Father's name: Father's name: Participant ID:_____ Participant ID:_____ Address: Address: Date: _____ Date:_____ Witness 2: _____ Witness 1: Signature: Signature: Name: Name: _____ _____ CNIC No.:_____ CNIC No.:_____ Address: Address:

Important Notes:

- 1. The proxy must be a member of ISE Towers REIT Management Company Limited.
- 2. The proxy form be signed by the appointer or his attorney duly authorized in writing, or of the appointer is a body corporate, be under its seal or be signed by any officer or any attorney duly authorized by it in writing.
- 3. The instrument of proxy properly completed should be deposited at the Registered Office of the Company not less than 48 hours before the time of meeting.
- 4. If any member appoints more than one proxy for any one meeting and more than one instruments of proxy are deposited with the Company, all such instruments shall be rendered invalid.