## PROXY FORM

## DHIVEHI RAAJJEYGE GULHUN PLC

Full Name:			
Permanent			
Address:			
ID Card/Passport No:		Contact No:	
MSD Account/ Share Certificate No:		No of Shares Held:	
Dhivehi Raajjeyge Gull appointment shall be va I hereby authorize and	nun Plc (Dhiraag alid only for the s grant full power either by show o	ed herein to attend the Anr (u) to be held on 16 <sup>th</sup> April 2 aid Meeting and the adjournn to the proxy attending the sa f hands or by poll) on matters	2015 on my behalf. This nent thereof. aid Meeting to speak and
Signature			
Date			
For shareholders who are minors only			Seal/Stamp (for legal entities only)
Name of the Parent/G	uardian:		
National ID Card No of Parent/Guardian:	=		
Contact No of			
Parent/Guardian:			
Proxy Information:			
Full Name:			
Permanent Address:			
ID Card/Passport No:		Contact No:	
Signature		Date	
For Office Use Only:			
Received by			
Name:		Date:	
Designation		······	

