



SAMORITA HOSPITAL LIMITED

Registered Office : 89/1, Panthapath, Dhaka-1215

PROXY FORM

I/We
of
being a member of Samorita Hospital Limited do hereby
appoint Mr./Mrs.
of
or (failing him/her) Mr./Mrs.
as my/our proxy, to vote for me/us and on my/our behalf at the Fortieth (40th) Annual General Meeting of the
Company to be held through Hybrid System on Tuesday, December 09, 2025 at 11:00 A.M.

Signed this day of 2025.

Signature of Proxy

Revenue
Stamp
Tk. 100.00

Signature of Shareholder

Folio No.

No. of Shares

BO ID

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N.B.

1. This form of Proxy, duly completed, must be deposited at least 48 hours before the meeting at shishare@yahoo.com or the Company's Registered Office. Proxy is invalid if not signed and stamped as explained above.
2. Signature of the Shareholder should agree with the Specimen Signature registered with the company.



SAMORITA HOSPITAL LIMITED

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ATTENDANCE SLIP

I hereby record my attendance at the **FORTIETH (40th) ANNUAL GENERAL MEETING** of the Company being held
through Hybrid System on Tuesday, December 09, 2025 at 11:00 A.M.

Name of Member/Proxy

Folio No.

Signature

Date

BO ID

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