

(FORM NO. MGT-11)

Proxy Form

(Pursuant to Section 105(6) of the Companies Act, 2013 and Rule 19(3) of the Companies (Management and Administration Rules, 2014)

CIN: U85110KL2001PLC015029

Name of Company: AL SALAMA EYE HOSPITAL LIMITED

Registered Office: BUILDING NO.IV/37/1, PALAKKAD ROAD, PERINTHALMANNA, MALAPPURAM, 679322

Name of the Member(s):

Registered Address:

E-mail Id:

Folio No./Client Id/DP ID:

I, being the member of the above named company, holding equity shares hereby appoint

1. Name:.....

Address:.....

Email Id:.....

Signature:....., or failing him

2. Name:.....

Address:.....

Email Id:.....

Signature:.....

as my proxy to attend and vote (on a poll) for me and on my behalf at the Extra Ordinary General Meeting of the Company, to be held on Thursday, 4th April 2024 at 4:30 P M at the registered office of the Company and at any adjournment thereof

Signed thisday of2024.

Affix Revenue Stamp

Signature of shareholder

Signature of first proxy holder (s)

Note:1. This form of proxy in order to be effective should be duly completed and deposited at the Registered Office of the Company, not less than 48 hours before the commencement of the Meeting.