



MALDIVES ISLAMIC BANK

PROXY REVOCATION FORM

15th ANNUAL GENERAL MEETING

SECTION A SHAREHOLDER DETAILS

Full Name _____

ID Card No/PP No/Company Registration No _____

Current Address _____

Mobile No. _____ Email Address _____

SECTION B GUARDIANSHIP DETAILS (To be filled for shareholders under the age of 18 years, or those subject to legal guardianship.)

Full Name of the Parent/Guardian _____

National ID No. of Parent/Guardian _____

Mobile No. of Parent/Guardian _____

Current Address _____

SECTION C DETAILS OF PROXY BEING REVOKED

Full Name _____

National ID No. / Passport No. _____

DECLARATION OF THE SHAREHOLDER

I hereby declare that I wish to revoke the above-mentioned proxy, which I have appointed through proxy form dated _____

Signature

Date

Seal/Stamp
(For institutions only)

NOTES

1. Legal entity shareholders may submit a Copy of the Board Resolution along with the ID card copy of the appointed representative/proxy. The form shall be signed by an authorized signatory of the entity.
2. For shareholders under the age of 18, please submit an ID card copy of parent/guardian.
3. Any person signing the form as a guardian of a shareholder by virtue of a legal guardianship order must submit a copy of such order along with the form.
4. Guardian on record shall sign for shareholders under the age of 18 years or for those subject to a legal guardianship order.
5. Please email the completed form and supporting documents to investor.relations@mib.com.mv.

FOR OFFICE USE ONLY

Verified & Updated by

Name

Date

Signature