



MALDIVES ISLAMIC BANK

REGISTRATION FORM

EXTRAORDINARY GENERAL MEETING 01/2025

SECTION A SHAREHOLDER DETAILS

Full Name _____

NID No/PP No/Company Registration No _____

Current Address _____

E-mail Address _____

Mobile No _____

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 PROXY INFORMATION

To be filled only if the shareholder wishes to appoint a proxy to attend the AGM on their behalf

Full Name _____

NID No. _____

Current Address _____

Mobile No. _____ Email Address _____

DECLARATION OF THE SHAREHOLDER

- I confirm that the information provided in this form is correct and true.
- Where a proxy is appointed, I declare that the proxy described herein is appointed to attend, participate and vote on my behalf at the Extraordinary General Meeting 01/2025 of Maldives Islamic Bank PLC. to be held on 23rd June 2025. I agree that this proxy appointment is valid only for the said Meeting. I declare that the proxy has given his/her consent for being my proxy.

Signature _____

Date _____

Seal/Stamp
(For institutions only)

NOTES

- 1.All fields in the form are mandatory.
- 2.Individual shareholders shall submit ID Card copy/ PP Copy of the shareholder, and NID/PP copy of proxy holder if applicable, along with the form.
3. Legal entity shareholders (shareholders other than individuals) shall submit the form signed by an authorized signatory of the entity and may submit a Copy of the Board Resolution along with the ID card copy of the appointed proxy.
- 4.For shareholders under the age of 18, please submit an ID card copy of parent/guardian.
- 5.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.
- 6.Gurdian on record shall sign for shareholders under the age of 18 years or for those subject to a legal guardianship order.
- 7.Please email the completed form and supporting documents to investor.relations@mib.com.mv.

FOR OFFICE USE ONLY

Verified & Updated by
Name: _____

Date: _____

Signature: _____