

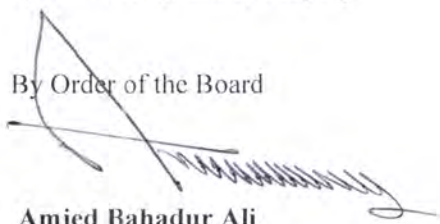
NOTICE OF EXTRA ORDINARY GENERAL MEETING

Notice is hereby given that the Extra Ordinary General Meeting of the Shareholders of **Allianz EFU Health Insurance Ltd.** will be held at D-136, Block-4, KDA Scheme-5, Clifton, Karachi on Friday June 10, 2016 at 12:30 p.m. to:-

1. elect eight Directors as fixed by the Board under section 178(1) of the Companies Ordinance, 1984 for three years commencing from June 12, 2016. The retiring Directors are as follows.

- | | |
|---------------------------------|-------------------------------|
| 1). Mr. Saifuddin N. Zoomkawala | 2). Mr. Taher G. Sachak |
| 3). Mr. Heinz Dollberg | 4). Mr. Rafique R. Bhimjee |
| 5). Mr. Muneer R. Bhimjee | 6). Mr. S.C. (Hamid) Subjally |
| 7). Mr. Hasanali Abdullah | |

By Order of the Board


Amjed Bahadur Ali
Corporate Secretary

April 29, 2016

NOTES

1. A member entitled to attend and vote at the General Meeting is entitled to appoint another member as a proxy to attend and vote in respect of him. Form of proxy must be deposited at the Company's Registered Office not later than 48 hours before the time appointed for the meeting.
2. CDC Account holders are advised to follow the following guidelines of the **Securities and Exchange Commission of Pakistan**.

For attending the meeting:

- In case of individuals, the account holder shall authenticate his identity by showing his original Computerized National Identity Card (CNIC) or original passport at the time of attending the meeting.
- In case of corporate entity, the Board of Directors' resolution/power of attorney with specimen signature of the nominee shall be produced (unless it has been provided earlier) at the time of the meeting.

For appointing proxies:

- In case of individuals, the account holder shall submit the proxy form as per the above requirement.
- The proxy form shall be witnessed by two persons whose names, addresses and CNIC numbers shall be mentioned on the form.
- Attested copies of CNIC or the passport of the beneficial owners and the proxy shall be furnished with the proxy form.
- The proxy shall produce his original CNIC or original passport at the time of the meeting.
- In case of corporate entity, the Board of Directors' resolution/power of attorney with specimen signature shall be submitted (unless it has been provided earlier) alongwith proxy form to the Company.

3. Members are requested to communicate to the Company of any change in their addresses.
4. The Share Transfer Books of the Company will be closed from June 4, 2016 to June 10, 2016 (both days inclusive).
5. Any person seeking to contest the election, whether retiring Director or otherwise, must file with Corporate Secretary his intention to offer himself for election as a Director not later than 14 days before date of the meeting. Such consent should include a declaration that they are aware of their duties and power under the relevant law(s) and the Company's Memorandum & Article of Association.

Head Office:
D-136, Block-4, KDA Scheme-5,
Clifton, Karachi-75600
Tel: 021-111-HEALTH (111-432-584)
Call Centre: 021 111-HELP-00
(111-4357-00)
NOTICE LOGM JUN 10 2016.doc
Fax: (021) 3586-4020, 3586-0405

**Central Marketing
& Sales Office:**
Suite # 103 & 104, 1st Floor,
Fayyaz Centre, Main Shakra-e-Faisal
Karachi-74400
Tel: 021-3455-0995-8
Fax: (021) 3455-0974

Islamabad Office:
Suite # 103, 1st Floor,
Muhammad Gulistan Khan House,
82-East, Fazal-e-Haq Road,
Blue Area, Islamabad-44000
Tel: 051-111-HEALTH (111-432-584)
Fax: (051) 280-2202

Lahore Office:
Office No. 3, 75-D-1,
Liberty Roundabout,
Gulberg-III, Lahore-54000
Tel: 042-111-HEALTH
(111-432-584)
Fax: (042) 3587-0651



ALLIANZ EFU HEALTH INSURANCE LIMITED
Form of Proxy



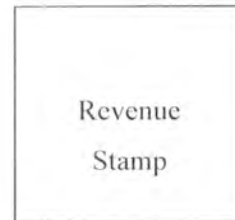
I/We _____ of _____
 _____ being a member of
ALLIANZ EFU HEALTH INSURANCE LIMITED, holding _____ ordinary shares hereby appoint Mr.
 /Mrs. _____ of _____
 _____ or failing him
 Mr. _____ /Mrs. _____ of _____
 _____ as my/our
 proxy in my/our absence to attend and vote for me/us and on my/our behalf at the Annual/Extra Ordinary General
 Meeting of the Company to be held on _____ and at any adjournment thereof.

Signed this _____ day of _____ 2016.

WITNESSES:

1. Signature: _____
 Name: _____
 Address: _____

 CNIC or
 Passport No. _____



Signature of Member(s)

2. Signature: _____
 Name: _____
 Address: _____

 CNIC or
 Passport No. _____

Shareholder's Folio No. _____
 and /or CDC
 Participants I.D. No. _____
 and Sub Account No. _____

Important:

This form of Proxy, duly completed, must be deposited at the Company's Registered Office at D-136, Block-4, KDA Scheme-5, Clifton, Karachi, not later than 48 hours before the time appointed for the meeting.

CDC Shareholders and their Proxies are each requested to attach attested photocopy of their Computerized National Identity Card (CNIC) or Passport with this proxy form before submission to the Company.

CDC Shareholders or their Proxies are requested to bring with them their Original Computerized National Identity Card or Passport along with the participant's ID number and their account number at the time of attending the Annual/Extra Ordinary General Meeting in order to facilitate their identification.