

PROXY FORM

Shareholder / Member No. _____

The Corporation Secretary
Kenya Reinsurance Corporation Limited
15th Floor, Reinsurance Plaza Building
Taifa Road
P.O. Box 30271-00100
NAIROBI

I/WE _____ of _____

being a *member/members of **KENYA REINSURANCE CORPORATION LIMITED**, hereby appoint
_____ of _____

or failing him/her _____ of _____

as *my/our proxy to vote for *me/us on *my/our behalf at the Annual General Meeting of the Company to be held at the **Bomas of Kenya, Langata Road, Nairobi, on Friday, 16th June 2017 at 11.00 a.m.**, and at any adjournment thereof.

Signature(s) _____

Signed this _____ day of _____ 2017.

This form is to be used * in favour of/against a resolution up for voting. Unless otherwise instructed, the proxy will vote as he/she thinks fit.

* *Strike out whichever is not desired.*

Notes:

1. *The address should be that shown in the register of members.*
2. *In the case of a member being a Corporation, this form of proxy must be executed either under its Common Seal or signed on its behalf by an attorney or officer of the Corporation duly authorized.*
3. *A person appointed to act as a proxy need not be a member of the Company.*
4. *In case of joint holders, the signature of any one holder will be sufficient but the names of all joint holders should be stated.*

Shareholder's Admission Letter for AGM on 16th June 2017

Please complete this form and note that it must be produced at the Annual General Meeting by you or your proxy in order to record attendance. Kindly note that only the registered shareholders or their proxy notified to the Company not less than forty eight (48) hours before the time for holding the meeting will be admitted to the meeting.

Name: _____ Signature(s): _____

Annual General Meeting of Kenya Reinsurance Corporation Limited to be held at the Bomas of Kenya, off-Langata Road, Nairobi, on Friday, 16th June 2017 at 11.00 a.m.

FOMU YA MWAKILISHI

Mwenyehisa / Nambari ya Mwanachama _____

Katibu wa Shirika

Kenya Reinsurance Corporation Limited
Orofa ya 15, Jengo la Reinsurance Plaza
Taifa Road
S.L.P 30271-00100
NAIROBI

Mimi/Sisi

_____ wa _____

nikiwa *mwanachama/wanachama wa **KENYA REINSURANCE CORPORATION LIMITED**, ninamteua

_____ wa _____

asipofika namteua _____ wa _____

kama *mwakilishi wangu/ wetu atakayepiga kura kwa niaba *yangu/yetu katika Mkutano Mkuu wa Mwaka wa Shirika utakaofanyika katika ukumbi wa **Bomas of Kenya**, kwenye barabara ya **Langata Road, Nairobi, siku ya Ijumaa, tarehe 16 Juni 2017 kuanzia saa tano asubuhi**, na siku nyingine endapo mkutano huo utaahirishwa.

Sahihi _____

Ilitiwa Sahihi _____ tarehe _____ 2017.

Fomu hii itatumiwa kumuidhinisha mwakilishi kupiga kula kwa niaba ya mwenye hisa. Ikiwa hatapewa maagizo mengine, mwakilishi ako na uhuru wa kupiga kura anavyoamua mwenyewe.

* Kuondoa kile kisichohitajika.

Maelezo:

1. Anuwani inafaa kuwa ile iliyopo katika sajili ya wanachama.
2. Ikiwa mwanachama huyo ni Shirika, basi Fomu hii ya Mwakilishi inafaa kujazwa ima kwa Mhuri wake Rasmi ama kutiwa sahihi kwa niaba yake na wakili ama afisa aliyeidhinishwa na Shirika.
3. Mtu aliyeteuliwa kama mwakilishi sio lazima awe mwanachama wa kampuni.
4. Ikiwa ni wanachama walio na ubia, mmoja kati yao anaweza kutia sahihi, lakini majina kamili ya wanachama wote ni lazima yawepo.

Barua ya Kumuidhinisha Mwenyehisa kwenye Mkutano Mkuu wa Mwaka mnamo tarehe 16, Juni 2017.

Tafadhali ijaze fomu hii kikamilifu na ufahamu kwamba unafaa kuibeba utakapohudhuria ama atakapohudhuria mwakilishi wako katika Mkutano Mkuu wa Mwaka ili kudhihirisha uwepo wako. Ni wenyehisa pekee ama wawakilishi wao waliorudisha fomu hii kwa kampuni saa arobaini na nane (48) kabla ya mkutano kuanza watakaoruhusiwa kuhudhuria mkutano huo na kampuni.

Jina: _____ Sahihi _____

Mkutano Mkuu wa Mwaka wa Kenya Reinsurance Corporation Limited utakaofanyika katika ukumbi wa Bomas of Kenya, kwenye Barabara ya Langata Road, Nairobi, Siku ya 16 Juni 2017, kuanzia saa tano asubuhi.