## **Faisal Spinning Mills Ltd**

## **Proxy Form**

| I/We                   |                                       |                |             |             |           |                        |         | of     |
|------------------------|---------------------------------------|----------------|-------------|-------------|-----------|------------------------|---------|--------|
|                        |                                       |                |             |             |           |                        | be      | ing a  |
| member of FAISAL SI    | PINNING MILLS LIN                     | IITED and ho   | lder of     |             |           | ordin                  | ary sha | res as |
| per Share Registe      | er Folio No                           |                |             | and/or      | CDC       | Participa              | nt ID   | No.    |
|                        | and Sub Acc                           | count No       |             |             | herek     | oy appoi               | nt Mr., | /Mrs./ |
| Miss                   |                                       |                | of          |             |           | or                     | failing | him/   |
| her                    |                                       | of             |             |             | _ as m    | ıy / our pı            | oxy to  | act on |
| my/our behalf at the 3 | 39 <sup>th</sup> Annual General       | Meeting of t   | he Compan   | y to be hel | d on Frid | day 27 <sup>th</sup> O | ctober, | 2023   |
| at 04:00 pm at Ume     | er House, 23/1, Sect                  | tor 23, S.M. F | arooq Roa   | d, Korangi  | Industria | al Area, K             | arachi. |        |
|                        |                                       |                |             |             |           |                        |         |        |
| Witness:               |                                       |                |             |             |           |                        |         |        |
|                        |                                       |                |             |             |           |                        |         |        |
| 6.                     | 4.61                                  |                |             |             | ٠.        | 1 11                   |         | ,      |
| Signature :            | ( SIE                                 | gnature snou   | id agree wi | in specime  | n regist  | erea with              | compa   | ny)    |
|                        |                                       |                |             |             |           |                        |         |        |
| Name :                 |                                       |                |             |             |           |                        |         |        |
|                        |                                       |                |             |             |           |                        |         |        |
| CNIC/ PP:              |                                       |                |             |             |           |                        |         |        |
| S.11.6/ 1.1.1          |                                       |                |             |             |           |                        |         |        |
|                        |                                       |                |             |             |           |                        |         |        |
| Address:               |                                       |                |             |             |           |                        |         |        |
|                        |                                       |                |             |             |           |                        |         |        |
|                        | · · · · · · · · · · · · · · · · · · · |                |             |             |           |                        |         |        |
|                        |                                       |                | Affix R     | s.5 Revenu  | ie Stamp  | )                      |         |        |
| Signed this            | day of                                | 2023           |             |             |           |                        |         |        |

## Notes:

If a member is unable to attend the meeting, they may complete and sign this proxy form and sent it to the Company Secretary, Faisal Spinning Mills Limited, Umer House, 23/1, Sector 23, S.M. Farooq Road, Korangi Industrial Area, Karachi. This proxy form shall reach not less than 48 hours before the time scheduled for holding the meeting.

- (i) The Proxy form shall be witnessed by a person whose name, address and CNIC/Passport number should be stated on the form.
- (ii) Attested copy of CNIC or the Passport of the beneficial owner along with the Proxy form should also be submitted.
- (iii) The Proxy nominee shall produce his / her original CNIC or original Passport at the time of the meeting.
- (iv) In case of a Corporate entity, the Board of Directors Resolution/Power of Attorney with specimen signature should be submitted (unless it has been provided earlier) along with Proxy form to the Company.