

NOTICE OF ANNUAL GENERAL MEETING

Notice is hereby given that the 15th Annual 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 Tuesday April 14, 2015 at 12 noon to:-

Ordinary Business:

1. confirm the minutes of the 14th Annual General Meeting held on March 14, 2014.
2. receive, consider and approve the Audited Financial Statements of the Company for the year ended December 31, 2014, together with the Directors' and Auditors' reports thereon.
3. consider and if thought fit to approve the payment of Dividend at the rate of Rs. 5.00 per share for the year ended December 31, 2014 as recommended by the Board of Directors.
4. appoint Auditors of the Company for the year 2015 and fix their remuneration.
5. transact any other matter with the permission of the Chair.

By Order of the Board

Amjed Bahadur Ali
Corporate Secretary

February 19, 2015

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.

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)
Fax: (021) 3586-4020, 3586-0403

**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



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. The Share Transfer Books of the Company will be closed from April 8, 2015 to April 14, 2015 (both days inclusive).
4. Members are requested to communicate to the Company of any change in their addresses.

ALLIANZ EFU HEALTH INSURANCE LIMITED
Form of Proxy



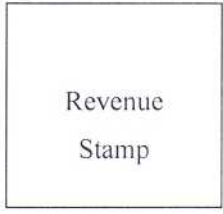
I/We _____ of _____ being a member of **ALLIANZ EFU HEALTH INSURANCE LIMITED**, holding _____ ordinary shares hereby appoint Mr. /Mrs. _____ of _____ or failing him Mr. /Mrs. _____ of _____ as my/our proxy in my/our absence to attend and vote for me/us and on my/our behalf at the Annual/Extra Ordinary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

Signed this _____ day of _____ 2015.

WITNESSES:

1. Signature: _____
 Name: _____
 Address: _____

 CNIC or
 Passport No. _____



Signature of Member(s)

2. Signature: _____
 Name: _____ Shareholder's Folio No. _____
 Address: _____ and /or CDC
 _____ Participants I.D. No. _____
 CNIC or and Sub Account No. _____
 Passport 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 General Meeting in order to facilitate their identification.