

Power of Attorney Form

Power of Attorney Form

Date:

Corresponding to:

Date: Corresponding to: I with national ID number..... issued from in my [personal] capacity or [an authorised signatory/ chairman/manger[name of authorising company] and the owner of shares of Bupa Arabia for Corporative Insurance with commercial registration number 4030178881 and pursuant to article 25 of the company's bylaws herby authorise to attend the Extraordinary General Assembly to be held on Sunday 30th June 2019G, at 18:30 at Bupa Arabia's Jeddah Head Office, Prince Saud Al-Faisal Street., Al-Khaledeyah District, Jeddah to vote and sign on my behalf on the agenda of the General Assembly Meeting. This authorisation is valid for this meeting and any subsequent adjourned meeting

Full name of the person signing the POA:

Capacity the person signing the POA:

National ID number of the person signing the proxy or Iqama ID (for non-Saudis) or its equivalent:

Signature (if a legal entity):