

Power of Attorney Form	
Date:	
Corresponding to:	
Date: Corresponding to: I	with national ID
numberissued 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 Tuesday 12th November 2019G, at 18:30 at Bupa Arabia's Jeddah Head Office, Prince Saud Al-Faisal	
Street., Al-Khalediyah 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: Nati	ional ID number of the person signing
	proxy or Iqama ID (for non-Saudis) or its
equ	ivalent:
Signature (if a legal entity):	