## CAPITAL ALLIANCE PLC

## FORM OF PROXY

I/We*						(please	indicate	full	name)
holder	of NIC No member/*member	rs of	of	Alliance	DI C	hereby	annoi	 nt	 Mr./Ms.
ocing			Сарпат	Amance	(pleas	e indicat	appon e full nar	ne) h	
NIC N	o	of			(5.202	or faili	ng him/he	r	01001 01
Mr D	A De Zoysa				of C	olombo o	r failing l	nim	
	A De Zoysa A T Fernando						r failing i		
	J Arasaratnam						r failing l		
Mr. C	S R S Anthony						r failing l		
	I C Nandasena						r failing l		
	A D Siriwardena				of C	olombo o	r failing l	ıer	
Mr. J	M Jayasuriya								
Genera	*our Proxy to represal Meeting of the Comment thereof and at	Company	to be hel	d on 28th.	August 2	2025 at 1	0.30 a.m	ı. and	at any
							<u>FOR</u>	A	GAINST
(1)	To receive and cons		•					¬ ¯	
	of Accounts for the Report of the Auditor	•		Iarch 2025	together	with the			
(2)	To re-elect Mr. W	A T Ferr	nando as a l	Director, wh	o will be	retiring		7	
	from the Board by r of Association of the			rticles 79 &	80 of the	Articles			
(3)	To re- elect Ms. K	A D Siriv	vardena, as a	a Director w	ho will be	e retiring		٦	
(0)	from the Board by r of Association of the	otation in	terms of A						
		•	•						
(4)	To re-elect Mr. J M	Jayasuriy	/a as a Direc	ctor, who wa	s appoint	ed to the		7	
	Board on 28 <sup>th</sup> Nove Association of the C			of Article 86	of the A	rticles of			
(5)	To re-appoint Mess	ere KPM	G Sri Lank	a Chartered	1 Accoun	tante ac		٦	
(3)	the Auditors of the Directors to determine	Compan	y for the er	suing year					
(6)	To authorize the E charities and other of				contribu	itions to			
As wit	ness my/our hand set	t hereto th	nis day o	f T	wo Thou	sand and	Twenty F	ive.	
Signat	ure								
J									

## Note:

Instructions as to completion are given below. Please delete the words which are not applicable and mark 'X' in the appropriate cages to indicate your instructions as to voting.

## INSTRUCTIONS AS TO COMPLETION OF FORM OF PROXY

- 1. Kindly perfect the Form of Proxy by filling in legibly your full name, NIC no., address, instructions as to voting and by signing and filling in the date of signature in the space provided.
- 2. Please indicate with a 'X' in the cages provided how your proxy is to vote on the Resolutions. If no indication is given, the Proxy in his/her discretion may vote as he/she thinks fit.
- 3. To be valid, the completed Form of Proxy should be deposited at the Registered Office of the Company, Level 5, "Millennium House",46/58, Nawam Mawatha, Colombo 2, not less than 48 hours before the time appointed for holding the Meeting.
- 4. If the Shareholder is a Company or a body corporate, a form of Corporate Representation executed under the Common Seal in accordance with the Articles of Association or the Constitution should be submitted.
- 5. Where the Form of Proxy is signed under a Power of Attorney (POA) which has not been registered with the Company, the original POA together with a photocopy of same or a copy certified by a Notary Public must be lodged with the Company along with the Form of proxy.
- 6. In case of Margin Trading Accounts (Slash Accounts), the Form of Proxy should be signed by the respective authorized Fund Manager/ Banker with whom the account is maintained.

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