

**Form No. MGT-11**  
**Proxy form**

[Pursuant to section 105(6) of the Companies Act, 2013 and rule 19(3) of the Companies (Management and Administration) Rules, 2014]

CIN: U66010TN2005PLC056649

Name of the company: STAR HEALTH AND ALLIED INSURANCE COMPANY LTD

Registered office: No.1, New Tank Street, Valluvarkottam High Road,  
Nungambakkam, Chennai – 600 034.

Name of the member (s):
Registered address:
E-mail Id:
Folio No:
DP ID / Client Id:

I/We, being the member (s) of the above named Company holding ..... No of shares , hereby appoint

1. Name: .....

2. Name: .....

Address:

Address:

E-mail Id:

E-mail Id:

Signature:....., or failing him

Signature:....., or failing him

as my/our proxy to attend and vote (on a poll) for me/us and on my/our behalf at the Twelfth Annual General Meeting of the Company, to be held on Wednesday, the 26<sup>th</sup> July 2017 at 3.00 P.M. at the Registered Office of the Company at No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600 034 and at any adjournment thereof in respect of such resolutions as are indicated below:

Resolution No.

1.....

2.....

3.....



Signed this..... day of..... 20....

Signature of shareholder

Signature of Proxy holder(s)

Note: This form of proxy in order to be effective should be duly completed and deposited at the Registered Office of the Company, not less than 48 hours before the commencement of the Meeting.