**SEFWIMAN RURAL BANK PLC**

**PROXY AUTHORIZATION FORM**

**I/We…………………………………………………of…………………………………………**

**Shareholder/Shareholders of Sefwiman Rural Bank PLC, hereby appoint**

**Dr/Rev/Mr/Mrs/Miss**

**………………………………………………………………………………………………as a**

**Proxy at the 19th Annual General Meeting of Shareholders of the Bank to be held at the CAC INTERNATIONAL, BIBIANI CENTRAL, BIBIANI On Saturday, 23rd August, 2025 at 10:00am.**

**Signed on the …………………………………….day of ……………………………..…..2025**

**……………………………..**

**Signature**

**NOTE**: Completed proxy forms should be returned to the Chief Executive Officer, Sefwiman Rural Bank PLC, Private Mail Bag, Bibiani, not later than 48 hours to the meeting.