

To:

Company Secretary
Cytonn Asset Managers Limited
Cysuites Work Spaces
Off Church Road
P.O. Box 20695-00200
Nairobi, Kenya
Email: clientservices@cytonn.com

SCHEME MEMBER'S PROXY FORM

I/We: _____

Member no. _____

of [address] _____

Being a member of the Cytonn Umbrella Retirement Benefits Scheme hereby and after having obtained my proxy's consent, appoint _____ (Full name) of mobile telephone number _____ and ID no _____ or failing him/her the duly appointed authorized representative of the meeting to be my/our proxy, to vote for me/us and on my/our behalf at the Annual General Meeting of the aforementioned Cytonn Umbrella Retirement Benefits Scheme, to be held on Friday 12th June 2026 and at any adjournment thereof.

As witness I/We lay my/our hands this _____ day of _____ 2026

Signature (s): _____

NOTES:

1. This proxy form is to be delivered to the Fund Manager's office or delivered via email on clientservices@cytonn.com not later two (2) business days before the date of the Annual General Meeting i. e, not later than 10th June 2026.
2. In the case of a Corporation, the proxy must be signed under the hand of an authorized officer prior notified to the Fund Manager or Attorney duly authorized.