

# FORM OF REQUEST

CO-OPERATIVE INSURANCE COMPANY PLC  
Registration No: PQ 00255274  
No. 74/5, Grandpass Road, Colombo 14

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To: Kalupahana & Thilakarathne Law Associates  
Secretaries to Co-operative Insurance Company PLC  
No. 11/1/1, Belmont Street, Colombo 12

### REQUEST FOR A PRINTED COPY OF THE ANNUAL REPORT 2025

I, ....., being a Shareholder of the Company, hereby request to receive a printed copy of the Annual Report 2025 of the Company.

My details are as follows:

Full Name: .....

.....

Address: .....

.....

Contact No. Mobile : .....

Email Address : .....

CDS Account No. : .....

NIC / Passport / BR No. : .....

.....  
Signature of the Shareholder

Date : .....

Duly completed Registration Forms bearing the signature of the Shareholder should be forwarded to the Registered Office of the Company at Kalupahana & Thilakarathne Law Associates, Secretaries to Co-operative Insurance Company PLC, No. 11/1/1, Belmont Street, Colombo 12 by registered post or by hand delivery, or emailed to [agm2026@coopinsu.com](mailto:agm2026@coopinsu.com).