FORM OF PROXY

I / We _____ of

_____

being a Member/Members of Wisynco Group Limited, hereby appoint:

of _____ o r

failing him/her: _____ of __

as my/our proxy to vote on my/our behalf at the Annual General meeting of Wisynco Group Limited to be held on Thursday, January 22nd, 2026 at 10:00 A.M. and at any adjournment thereof.

SIGNED this _____day of _____202_____.

SIGNATURE of Shareholder _____

RESOLUTIONS	FOR	AGAINST
1		
2		
3a		
3b		
3c		
4		
5		

NOTE:
To be valid, Forms of Proxy must be lodged either at the Company's Registered Office located at Lakes Pen Road, St. Catherine, or with the Registrar of the Company, the JCSD located at 40 Harbour Street, Kingston, not less than 48 hours before the time of the meeting. The Form of Proxy should bear stamp duty of $100.00 which may be paid by adhesive stamps which are to be cancelled by the person signing the Proxy.

Place Stamp Here
$100