

Multicube Distributors Limited

Regd. Office: Plot No. 55, F.I.E.,Patparganj Industrial Area, Delhi - 110092 Corporate Identity Number: U51909DL2012PLC242670 Telephone: 011-42420164,27676399

Email: corp.multicube01@gmail.com,info@multicube.in, Website: www.multicube.in

	o./DP ID/Client ID No.							
No. of S	hares Held							
ATTENDANCE SLIP								
	ecord my/our presence at the 6 th A 2 on Friday, 28 th September, 2018 a			the Company at Plot N	o. 55, F.I.E. Patp	arganj Indus	trial Area, Delhi -	
NAME OF THE SHAREHOLDER(S) (in Block Letters)								
SIGNATURE OF THE SHAREHOLDER(S)								
NAME OF THE PROXY								
(in Block Letters)								
SIGNATURE OF THE PROXY								
NOTE:	You are requested to sign and hand	lover th	is slip at the entra	nce of the meeting ven	ue.			
		Form N	o. MGT-11 Proxy	form				
[Pursuant to section 105(6) of the Companies Act, 2013 and rule 19(3) of the Companies (Management and Ac						l Administra	tion) Rules, 2014]	
CIN:		U51909DL2012PLC242670						
Name of the Company:		MULTICUBE DISTRIBUTORS LIMITED						
Registered Office:		Plot No. 55, F.I.E., Patparganj Industrial Area, Delhi-110092						
Name	of the member(s):							
Registered address:								
E-mail Id:								
Folio No/Client Id		DP ID						
I/We, b	eing the member(s) of		shares of the abo	ve named Company, h	ereby appoint			
1.	Name							
Address								
E-mail id					Signature			
	Or failing him							
2.	Name							
	Address					·•		
E-mail id					Signature			
	Or failing him							
3.	Name							
	Address					1		
	E-mail id				Signature			
held on	our proxy to attend and vote (on a Friday, 28 th September, 2018 at 12 thisday ofday	2:00 NO	ON at Plot No. 55,			_	ne Company, to be	
Ü	re of Shareholder :					Affix		
					Revenue	<u>.</u>		
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. Stamp								