

Corporate Identity Number (CIN): L55101WB1999PLC090672 **Registered Office**: Uniworth House, 3A Gurusaday Road, Kolkata 700019.

Tel. No.: (91 33) 2283 7964/65/66. Fax No: (91 33) 2280 9282

Corporate Office: Morya Landmark I, 4th Floor, B/25, Veera Industrial Estate, Off. New Link Road, Andheri West, Mumbai- 400053.

Tel. No.: (91 22) 6268 6700 Website: www.speciality.co.in Email: corporate@speciality.co.in

PROXY FORM

(Pursuant to the provisions of Section 105(6) of the Companies Act, 2013 and Rule 19 (3) of the Companies (Management and Administration) Rules, 2014)

		(Management and Management)		
Nar	ne of the Member (s) :			
Reg	gistered Address :			
E-n	nail ID :			
Fali	io No. /Client ID :			
DP				
I/W	e being the Member(s) of Speciality Ro	estaurants Limited holding shares, hereby appoint:		
1.	Name: Address: E-mail Id:	Signature	or failing him	
2.	Name: Address: E-mail Id:	Signature	or failing him	
3.	Name:			
3.	Address:	Signature	or failing him	
	olution Nos.			
Res 1.		ne Audited Financial Statements of the Company for the financia	al vear ended March 31, 2019.	
	together with the Report of the Board of Directors of the Company and the Auditor's Report thereon.			
2.	To receive, consider and adopt the Audited Consolidated Financial Statements of the Company for the financial year ended March 31 2019, together with the Auditor's Report thereon.			
3.	To appoint a Director in place of Mrs. Suchhanda Chatterjee (DIN: 00226893), who retires by rotation and being eligible, has offered herself for re-appointment.			
4.	Appointment of Statutory Auditors.			
5.		appointment of Mr. Dushyant Mehta (DIN: 00126977) as an Independent Director of the Company.		
6.		ineration paid to Mrs. Suchhanda Chatterjee pursuant to the Companies (Amendment) Act, 2017 and Securities and India (Listing Obligations and Disclosure Requirements) (Amendment) Regulations, 2018.		
7.	Ratification of remuneration paid to	of remuneration paid to Mr. Indranil Chatterjee pursuant to the Companies (Amendment) Act, 2017.		
Sig	ned thisday of2019.			
Signature of the Member(s):			Affix	
Si~	nature of the Proxy holder (s):		Revenue Stamp	
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Note: This form of proxy in order to 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.