

Corporate Identity Number (CIN):-L55101WB1999PLC090672 **Registered Office:** Uniworth House, 3A, Gurusaday Road, Kolkata 700019. Tel.No. (91 33) 2283 7964 **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)

Name o	f the Member (s)	:		
Registered Address		:		
E-mail ID		:		
Folio No. /Client ID		:		
DPID		:		
l/We be	ing the Member(s) of <b>Speciality F</b>	Restaurants Limited holding share	es hereby appoint:-	
1.	Name:			
	Address:			
	E-mail Id:		Signature	or failing him
2.	Name:			
	Address:			
	E-mail Id:		Signature	or failing him
3.	Name:			
	Address:			
	E-mail Id:		Signature	

as my/our proxy to attend and vote (on a poll) for me/us and on my/our behalf at the **EXTRAORDINARY GENERAL MEETING** of the Company to be held on Wednesday, **January 18, 2023 at 11.00 a.m.** at Kala Kunj, 48, Shakespeare Sarani, Kolkata-700017 and at any adjournment thereof, in respect of the resolutions, as are indicated below:

## **Resolution Nos.**

1. To increase the Authorised Share Capital of the Company and consequential amendment to the Capital Clause in the Memorandum of Association.

2. To approve the Issuance of Warrants Convertible into Equity Shares to the Proposed Allottees, on a Preferential Basis. Signed this------day of------20\_\_.



Signature of the Member(s): -----

Signature of the Proxyholder (s):-----

**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.