



**SPECIALITY**  
**RESTAURANTS LTD.**

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) 3341 6700. Fax No: (91 22) 3340 6878;  
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 of the Member (s) :  
Registered Address :  
E-mail ID :  
Folio No./Client ID :  
DP ID :

I/We being the Member (s) of \_\_\_\_\_ shares of **Speciality Restaurants Limited** 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 **SEVENTEENTH ANNUAL GENERAL MEETING** of the Company to be held on **Wednesday, August 24, 2016 at 11.00 a.m.** at Kala Mandir, 48, Shakespeare Sarani, Kolkata-700017 and at any adjournment thereof, in respect of the resolutions, as are indicated below:

**Resolution Nos.**

1. To receive, consider and adopt the Audited Statement of Profit and Loss as at and for the financial year ended March 31, 2016, the Audited Balance Sheet as at and for the financial year ended March 31, 2016, the Report of the Board of Directors of the Company and the Auditor's Report thereon.
2. To appoint a Director in place of Mr. Indranil Chatterjee (DIN: 00200577), who is liable to retire by rotation and being eligible, has offered himself for re-appointment.
3. Ratification of appointment of Statutory Auditors and fixing their remuneration.
4. Payment of remuneration to Non-Executive Directors

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

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.