



Multicube Distributors Limited

Regd. Office: 414,Usha Kiran Building, Commercial Complex, Azadpur, Delhi - 110033
Corporate Identity Number: U51909DL2012PLC242670
Telephone: 011-43619333
Email: corp.multicube01@gmail.com,info@multicube.in, Website: www.multicube.in

Folio No./DP ID/Client ID No.	
No. of Shares Held	

ATTENDANCE SLIP

I/We record my/our presence at the 5thAnnual General Meeting of the Company at 414, Usha Kiran Building, Commercial Complex, Azadpur, Delhi - 110033 on Thursday, 28th September, 2017 at 12:30 P.M.

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 handover this slip at the entrance of the meeting venue.

Form No. MGT-11 Proxy form

[Pursuant to section 105(6) of the Companies Act, 2013 and rule 19(3) of the Companies (Management and Administration) Rules, 2014]

CIN:	U51909DL2012PLC242670		
Name of the Company:	MULTICUBE DISTRIBUTORS LIMITED		
Registered Office:	414,Usha Kiran Building, Commercial Complex, Azadpur, Delhi - 110033		
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 the above named Company, 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 5th Annual General Meeting of the Company, to be held on Thursday, 28th September, 2017 at 12:30 P.M. at 414, Usha Kiran Building, Commercial Complex, Azadpur, Delhi -110 033.

Signed this.....day of.....2017

Signature of Shareholder :

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.

Affix
Revenue
Stamp