



SATIN CREDITCARE NETWORK LIMITED

CIN: L65991DL1990PLC041796

Regd. Office: 5th Floor, Kundan Bhawan, Azadpur Commercial Complex, Azadpur, Delhi-110033
Corp. Office: 909-914, ABC, 9th Floor, Kanchenjunga, Building, 18, Barakhamba Road, New Delhi-110001
Phone: 011-47545000 Fax: 011-23328951 E-mail: investors@satincreditcare.com
Website: www.satincreditcare.com

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]

Name of the Member(s):

Registered Address:

E-mail Id:

Folio No. / DP & Client ID:

I/We, being the member (s) of Equity shares of Satin Creditcare Network Limited, hereby appoint:

- 1. Name:
- 2. Address:
- 3. E-mail Id:
- 4. Signature:, or failing him.

- 1. Name:
- 2. Address:
- 3. E-mail Id:
- 4. Signature:, or failing him.

- 1. Name:
- 2. Address:
- 3. E-mail Id:
- 4. 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 Saturday, the August 05, 2017 at 10:00 A.M. (IST) at Aiwan-e-Ghalib Auditorium, Aiwan-e- Ghalib Marg, Mata Sundari Lane, ITO, New Delhi- 110002 and at any adjournment thereof in respect of such resolutions as are indicated below:

RESOLUTION	PARTICULARS OF ITEM
1	ISSUANCE OF OPTIONALLY CONVERTIBLE REDEEMABLE PREFERENCE SHARES ON PREFERENTIAL BASIS TO THE PERSON BELONGING TO NON-PROMOTER CATEGORY

Signed this..... day of, 2017

Signature of the shareholder(s):

Signature of proxy holder(s):.....

Affix
Re. 1
Revenue
Stamp

Note:

- (1) 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.
- (2) Those Members who have multiple folios with different joint holders may use copies of this attendance slip/Proxy form.