













# SHREE RAJIV LOCHAN OIL EXTRACTION LIMITED

CIN: L15143CT1994PLC005981

Registered Office : 27/3, Jawahar Nagar, Raipur - 492001, Chhattisgarh

Phone No. +91-771-2225441 | E-mail : rajivlochan\_oil@hotmail.com

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## ATTENDANCE SLIP

*(To be handed over at the entrance of the Meeting Hall)*

<i>Folio No.</i>	
<i>DP ID No</i>	
<i>Client ID No</i>	
<i>Name of Member(s)</i>	
<i>Registered Address</i>	
<i>Number of shares held</i>	

I certify that i am a member/proxy/authorized representative for the members of the Company.

I hereby record my presence of the **28<sup>TH</sup> ANNUAL GENERAL MEETING** of the Company held on Thursday, 27<sup>th</sup> September 2018 at 11.00 a.m. at 27/3, Jawahar Nagar, Raipur - 492001.

\_\_\_\_\_  
*Signature of the Member / Representative / Proxy Holder\**

*\* Strike out whichever is not applicable*

**MGT-11**

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

**FORM OF PROXY**

Folio No.	
DP ID No	
Client ID No	
Name of Member(s)	
Registered Address	

I/We, being member(s), holding \_\_\_\_\_ shares of SHREE RAJIV LOCHAN OIL EXTRACTION LIMITED hereby appoint:

1. Name: \_\_\_\_\_ E-mail Id \_\_\_\_\_

Address: \_\_\_\_\_

or failing him/her

2. Name: \_\_\_\_\_ E-mail Id \_\_\_\_\_

Address: \_\_\_\_\_

or failing him/her

3. Name: \_\_\_\_\_ E-mail Id \_\_\_\_\_

Address: \_\_\_\_\_

as my/ our Proxy to vote for me/ us, on my/ our behalf at the 28<sup>th</sup> ANNUAL GENERAL MEETING of the Company held on Thursday, 27<sup>th</sup> September 2018 at 11:00 a.m. at 27/3, Jawahar Nagar, Raipur - 492001 and at any adjournment thereof in respect of the following resolutions:

Ordinary Business

1. Adoption of audited financial statement for the financial year ended on 31/03/2018 along with report of Board and Auditor thereon.
2. Re-Appointment of Smt Kalpana Raheja as Director who is retiring by rotation

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2018 Signature of Member \_\_\_\_\_

Revenue  
Stamp

Signature of Proxy holder(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**NOTE:** The Form of Proxy duly completed must be deposited at the Registered Office of the Company 27/3, Jawahar Nagar, Raipur - 492001, CG not later than 48 hours before the time for holding the meeting.