## 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 Company		QUESS CORP LIMITED		
CIN		L74140KA2007PLC043909		
Registered office		3/3/2, Bellandur Gate, Sarjapur Main Road, Bangalore, KA 560103		
Name of the mer				
Registered addre				
E-mail Id				
Folio No.				
No. of shares hel	d			
I/We, being the me				ompany, hereby appoint
1) Name:			Address:	
1) Name: Email id:			or failing him	
2) Name:				
Email id:				or failing him
3) Name:				
Email id:				or failing him
				ne <b>Shareholders Meeting</b> of the
	-	-		t Royal Orchid Central, No. 47/1,
		Bengaluru (KA) - 5600	042 and at any adjourn	ment thereof in respect of such
resolutions as are	indicated below:			
Resolution No.				
1.	To approve the proposed Scheme of Amalgamation between Aravon Services Private Limited,			
		ss Services Private Limited, Coachieve Solutions Private Limited, Master Staffing		
	Solutions Private	Limited with Quess Co	orp Limited	
Signed this	day of		. 2019	
Signature of equity shareholder Signature of Proxy holder(s)				

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 of ₹1