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 I	QUESS CORP LIMITED		
CIN		L74140KA2007PLC043909			
Registered office		3/3/2, Bellandur Gate, Sarjapur Main Road, Bangalore, KA 560103			
Name of the Sec	ured Creditor				
Registered addre	ess				
E-mail Id					
Amount outstand	ding in Rs				
IMMe heing the Sa			ed company, hereby appoint		
	•	,			
Email id:				or failing him	
2) Name:			Address:		
Email id:			Signature:	or failing him	
3) Name:			Address:		
Email id:			Signature:	or failing him	
as my/our proxy t	o attend and vo	te on a poll for me/u	us and on my/our behalf at the	he Secured Creditors Meeting	
			-	.m. at Royal Orchid Central, No.	
	•	•	a) – 560042 and at any adjour	nment 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,				
	CentreQ Business Services Private Limited, Coachieve Solutions Private Limited, Master Staffing				
		te Limited with Ques			
Signed this	dav of		2019		
Signature of Secu	red Creditors	Signa	ature 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 of ₹1