

ROADWAYS INDIA LIMITED

Regd Office : 11/5b, First Floor, Pusa Road, New Delhi-110005

CIN.: L63090DL1987PLC319212, Telephone No.:- 011-47192065

Mail Id : corporate@roadwaysindia.com ,Website:- www.roadwaysindia.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]

CIN: L63090DL1987PLC319212

Name of the Company: ROADWAYS INDIA LIMITED

Registered Office: 11/5b, First Floor, Pusa Road, New Delhi-110005

Name of the Member(s)	
Registered Office	
E-mail Id	
Folio No /Client ID	
DP ID	

I/We, being the member(s) of _____ shares of the above named company. Hereby appoint

Name:	
Address:	
E-mail Id:	
Signature, or failing him	

Name:	
Address:	
E-mail Id:	

Signature, or failing him	
Name :	
Address:	
E-mail Id:	
Signature, or failing him	

as my/ our proxy to attend and vote (on a poll) for me/us and on my/our behalf at the 30th Annual General Meeting of the company, to be held on Monday the 25th day of September, 2017 at 10.00 a.m. at 11/5b, First Floor, Pusa Road, New Delhi-110005 and any adjournment thereof in respect of such resolutions as are indicated below.

No	Resolution	For	Against
Ordinary Resolution			
1.	To receive, consider and adopt the audited Balance Sheet, Profit & Loss A/c for the year ended 31st March, 2017 and the Balance Sheet as on that date together with the Reports of the Directors and the Auditors thereon.		
2.	To appoint Mr. Vinod Kumar Gupta (DIN No: - 01667923) as Director, who retires by rotation and being eligible, offers himself for re-appointment		
3.	Ratification of Appointment of Statutory Auditor		

Special Business			
4.	Appointment of Branch Auditor		
5.	Appointment of Mr. Subhash Goyal as Director		
6	Appointment of Mr. Subhash Goyal as an Independent Director		
7.	Increase in Remuneration of Mr. Amit Goyal Chairman & Managing Director		
8.	Alteration in Main Object Clause		

Affix Revenue Stamps

Signed this ____ day of ____ 20__

Signature of Shareholder

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30TH ANNUAL GENERAL MEETING ATTENDANCESLIP

DPID	Client ID	Folio No.	No. of Shares

Name : _____

Address : _____

Name of Proxy: _____

(To be filled in, if the Proxy attends instead of the member)

I hereby record my presence at the 30th Annual General Meeting of the Company on Monday, the 25th Day of September 2017 at 10.00 A.M., at the Registered Office of the Company at 11/5b, First Floor, Pusa Road, New Delhi-110005.

SIGNATURE OF THE ATTENDING MEMBER/PROXY

NOTE:

1. Member / Proxy holder wishing to attend the meeting must bring the Attendance Slip duly signed to the meeting and hand it over at the entrance.

2. In the case of joint holders, the vote of the senior who tenders a vote, whether in person or by Proxy, shall be accepted to the exclusion of the vote of the other joint holders. Seniority shall be determined by the order in which the names stand in the Register of Members.

SHAREHOLDERS ARE REQUESTED TO SUBMIT THIS FORM TO THE DEPOSITORY PARTICIPANT

To, (Name of the Depository Participant)

Updation of Shareholder Information

I / We request you to record the following information against my /our Folio No. /DP ID /Client ID :General Information:

Folio No. /DP ID /Client ID :	
Name of the first named Shareholder:	
PAN: *	
CIN / Registration No.: * (applicable to Corporate Shareholders)	
Tel No. with STD Code:	
Mobile No.:	
Email Id:	

*Self-attested copy of the document(s) enclosed Bank Details:

IFSC: (11 digit)	
MICR: (9 digit)	
Bank A/c Type:	
Bank A/c No.: *	
Name of the Bank:	
Bank Branch Address:	

* A blank cancelled cheque is enclosed to enable verification of bank details

I /We hereby declare that the particulars given above are correct and complete. If the transaction is delayed because of incomplete or incorrect information, I /we would not hold the Company /RTA responsible. I/ We undertake to inform any subsequent changes in the above particulars as and when the changes take place. I /We understand that the above details shall be maintained till I /we hold the securities under the above mentioned Folio No. /beneficiary account.

Place :

Date :

Signature of Sole /First holder