

**CERTIFICATE OF NON-DISQUALIFICATION OF DIRECTORS**  
*(pursuant to Regulation 34(3) and Schedule V Para C clause (10)(i) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015)*

To,

The Members of

(Name)

(Registered Office)

I/We have examined the relevant registers, records, forms, returns and disclosures received from the Directors of \_\_\_\_\_ Limited having CIN \_\_\_\_\_ and having registered office at \_\_\_\_\_ (hereinafter referred to as 'the Company'), produced before me/us by the Company for the purpose of issuing this Certificate, in accordance with Regulation 34(3) read with Schedule V Para-C Sub clause 10(i) of the Securities Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015.

In my/our opinion and to the best of my/our information and according to the verifications (including Directors Identification Number (DIN) status at the portal [www.mca.gov.in](http://www.mca.gov.in)) as considered necessary and explanations furnished to me / us by the Company & its officers, I/We hereby certify that none of the Directors on the Board of the Company as stated below for the Financial Year ending on 31<sup>st</sup> March, 2019 have been debarred or disqualified from being appointed or continuing as Directors of companies by the Securities and Exchange Board of India, Ministry of Corporate Affairs, \_\_\_\_\_ or any such other Statutory Authority except Mr. \_\_\_\_\_ (DIN \_\_\_\_\_) who has been debarred/ disqualified by \_\_\_\_\_ [give name of Statutory Authority and reason].

Sr. No.	Name of Director	DIN	Date of appointment in Company

Ensuring the eligibility of for the appointment / continuity of every Director on the Board is the responsibility of the management of the Company. Our responsibility is to express an opinion on these based on our verification. This certificate is neither an assurance as to the future viability of the Company nor of the efficiency or effectiveness with which the management has conducted the affairs of the Company.

Place:  
Date :

Signature:  
Name:  
Membership No.:  
CP No.: