Date:
To,
() Name of Director () Address of Director
Re: Appointment as Independent Director of Wonder WallCare Private Limited for a period of consecutive years w.e.f to
Dear Sir,
We are pleased to inform you that Members of Wonder WallCare Private Limited at their meeting held on have approved your appointment as an Independent Director of the Company, with effect from to As an Independent Director you will not be liable to retire by rotation.
This letter of appointment set out the terms and conditions covering your appointment which are as follows:
Your appointment as an Independent Director of the Company is valid for a period of consecutive years. You will be eligible for re-appointment for another term of years subject to approval of shareholders by a Special Resolution.
You shall discharge your duties as an Independent Non-Executive Director and comply with the requirements of the Companies Act, 2013 (the Act) and Articles of Association of the Company (enclosed).
You shall discharge your duties as an Independent Non-Executive Director, take decisions objectively in the interests of the Company and comply with the requirements of the Act and Articles of Association of the Company.
You may be required to serve on one or more Committees of the Board. You will be provided with the relevant terms of reference on your appointment to such a Committee.
You shall strictly observe and follow the Code for Independent Directors as set out in Schedule

1.

2.

3.

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IV of the Companies Act 2013.

- 6. The term of office can be terminated earlier by either the Company or you in the manner provided in Sections 168 and 169 of the Act.
- 7. Any confidential information which may come to your knowledge in the performance of your duties as a Director of the Company must not be divulged, except so far as you may be liable to disclose under any law in force.

We are confident that your association with our Company would add value to our organization.

You are requested to kindly accept the letter of appointment by putting your signature on duplicate as a token of your acceptance.

Yours truly,

For Wonder WallCare Private Limited

Director