**INC-10**

**Form for verification of signature**

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| --- |
| **Photo**  **4\*4** |

**To be attested beneficiary**

1. **Name, father’s name and address of subscriber/firm director:**

|  |  |
| --- | --- |
| Name | **SUBRAHMANYAM TALLAVAJHULA** |
| Father’ Name | **Tallavajhula Kameswar Rao** |
| Address | House No.385, Phase-II, Saket Colony, Kapra, ECIL Post, Ranga Reddy Dist, Hyderabad 500 062 |

1. **Specimen signatures:**

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|  |

Attestation

(Signature of witness)

Note:

1. In point no 1 above, strike off whichever is not applicable.
2. Person who is attesting should indicate his name, address and id number.