

Employment Agreement Form

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Signed by

- I have read, understood and accept the terms and conditions in this agreement and have received a copy of this agreement.
- I was given the opportunity to seek independent advice and/or explanations of any term or condition which I did not understand prior to signing the agreement.
- I do not have any disability, medical condition, injury or illness which would affect my ability to carry out my duties and responsibilities under this agreement.
- The information provided by me is true and correct to the best of my knowledge and belief.
- I understand that if the Employer discovers that I have supplied any false information or have misled the Employer in any way, this agreement may be terminated immediately.

Execution

Signed for and on behalf of
FABRIL SOLUTIONS LIMITED

SIDDHARTHA DOMA