



Sun Pharmaceutical Industries Limited

Registered Office: SPARC, Tandalja, Vadodara – 390 012, Gujarat, India.

Tel: 0265-6615500/600/700 **Fax:** 0265-2354897

Corporate Office: Sun House, Plot No. 201 B/1, Western Express Highway,
Goregaon-East, Mumbai - 400 063, Maharashtra, India

Tel: 022-43244324 **Fax:** 022-43244343

CIN : L24230GJ1993PLC019050

Website: www.sunpharma.com **Email:** secretarial@sunpharma.com

DIVIDEND WAIVER FORM

To,
Link Intime India Pvt. Ltd.
Unit: Sun Pharmaceutical Industries Limited
C-101, 247 Park, L B S Marg, Vikhroli West,
Mumbai 400 083, Maharashtra

Dear Sir/Madam,

Subject: Waiver of Right to receive Dividend(s)

Pursuant to Article No. 142 of Articles of Association of the Company, I/We hereby waive the right to receive the dividend(s) as follows;

Name, Address and contact no. of Shareholder(s)	
DP ID & Client ID / Folio No.	
Dividend(s) to be waived (details of the year(s) for which waiver is to be granted)	
No. of Equity Shares on which the dividend(s) to be waived	

I/We further agree and understand that once this form is submitted by me/us, the waiver/forgoing of the right to receive the dividend(s) cannot be revoked under any circumstances.

Yours faithfully,

	Full Name(s)	Signature(s)
1 st Shareholder		
2 nd Shareholder		
3 rd Shareholder		

In case of joint holders, all must sign. In case of a Body Corporate, stamp of the Company should be affixed and necessary Board resolution should be attached.

Place:

Date: