

INDEMNITY BOND FOR ISSUE OF DUPLICATE SHARE CERTIFICATE

Whereas

I/We _____ (name of the shareholder) jointly with
_____ (name of the first joint holder)&
_____ (name of the second joint holder)

residing at _____
_____ (address of the shareholder) for last
____ years, holding _____ shares of face value of Re. 1/- each under folio no in Sun
Pharmaceutical Industries Limited, (“the Issuer Company”) having its registered office at
SPARC, Tandalja, Vadodara – 390012.

The original share certificate(s) in respect of _____ shares as detailed below has/have been
lost/destroyed/misplaced and the same is/are not traceable:

Share Certificate No	Distinctive No		No of Shares
	From	To	

Whereas

I/We have not delivered the said share certificate(s) with the intention of transferring the shares or pledging them or parted with the said share certificate(s) in any other manner whatsoever. I/We, therefore, hereby request the issuer Company to issue to me/us duplicate share Certificate(s) in lieu of the original share Certificate(s).

In consideration of the issuer Company having agreed to issue duplicate share certificate(s) for the aforesaid shares in my/our name, I/we am/are executing an Indemnity Bond in favour of the issuer Company.

Upon the issuer Company, having agreed to issue duplicate share certificates for the aforesaid shares, I/we the undersigned applicant(s) hereunder for myself/ourselves, my/our heirs, executors, administrators and assigns do hereby jointly and severally covenant with the issuer Company, its successors and assigns and agree and undertake at all times, save, defend and to indemnify and keep indemnified the issuer Company, its successors and assigns its estate and effects, and its directors, manager, secretary and shareholders and their heirs, executors and assigns from and against all actions, suits, proceedings, accounts, claims and demands, whatsoever for or on account of the said shares or dividends or any part thereof or otherwise in connection with the same, and from and against all losses, costs, claims, actions, demands, risks, charges, expenses, damages and losses arising in any manner whatsoever.

**Name(s) of shareholder(s)
shareholder(s)**

Signature(s) of

1. _____

2. _____

3. _____

In presence of :

Name and address of Witnesses

Signature of Witnesses

Surety

We _____ (name of the Surety No.1) aged _____ years, an Indian inhabitant presently residing at _____

_____ (residential address of Surety No.1) know the applicant(s) for last _____ years and having business address at _____

_____ (official address of Surety No.1), having PAN Card No. _____ with net assets worth of Rs. _____ and _____

_____ (name of the Surety No.2) aged _____ years, an Indian inhabitant residing at _____

(residential address of Surety No.2) know the applicant(s) for last _____ years and having PAN Card No. _____, business address at _____

_____ (official address of Surety No.2) and with the net assets worth of Rs. _____.

We, the undersigned certify that the above facts are true to the best of our knowledge. We bind ourselves as sureties to make good all claims, charges, costs, damages, demands, expenses and losses which Sun Pharmaceutical Industries Limited (“the issuer Company”), its successors and assigns its estate and effects and its directors, manager, secretary and shareholders may sustain, incur or be liable for in consequence of complying with the request contained above and the issuer Company, its successors, assigns, directors, manager, secretary and shareholders will be entitled to realise all claims, charges, costs, damages, demands, expenses and losses from our persons and our properties, as the case may be.

SURETY 1 :

Name :	
Annual Salary Income :	
Name of Employer :	

OR

Self owned Business Annual Income :	
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OR

Asset worth of self owned Immovable Property :	
Signature of first Surety :	

Name and Address of Witness :	
Signature of Witness :	

SURETY 2 :

Name :	
Annual Salary Income :	
Name of Employer :	

OR

Self owned Business Annual Income :	
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OR

Asset worth of self owned Immovable Property :	
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Signature of Second Surety :	
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Name and Address of Witness :	
Signature of Witness :	

Dated this _____ day of _____ 20 .