

## Disclosure Form – for Incident Reporting

(This form should be used for incident reporting and disclosure purpose. Supporting documents and additional sheets of paper can be attached with this form. Please print this form and mail it to the address provided below.)

### Section A

**Note: You can choose to remain anonymous and skip Section A. However, you will need to provide this information in case you need a reference number for this reporting.** Please remember, Sun Pharma will keep your information confidential and will abide by non-retaliation and non-retribution policies toward you.

First Name:

Address:

Last Name:

Phone Number:

Email:

### Section B

**Note: Please provide as much information as possible for incident reporting**

**1. Description of the incident -**

*(Please provide all details regarding the alleged violation, including the locations of witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation)*

**2. How did you become aware of this violation?**

*(For example: it happened to me, I observed it, informed by a co-worker, informed by someone outside the company or overheard it or accidentally found a document or file, etc.)*

**3. Where did this incident or violation occur?**

*(Please provide the complete address of the location)*

**4. If you wish to identify the person(s) engaged in this behavior, please provide the following information.**

	<u>First Name</u>	<u>Last Name</u>	<u>Title</u>
1			
2			
3			

**5. Do you suspect or know that the supervisor or Management is involved?**

Yes                       No                       Do not wish to disclose/Do not know

*(If Yes, please provide the following information)*

	<u>First Name</u>	<u>Last Name</u>	<u>Title</u>
1			
2			
3			

**6. Please provide specific/approximate time this incident occurred.**

**7. How long do you think the problem has been going on?**

*(For example - once, one week, one to three months, three months to a year, more than a year or do not know)*

**8. Please identify any person(s) who have attempted to conceal this problem and steps they took to conceal it.**

	<u>First Name</u>	<u>Last Name</u>	<u>Title</u>
1			
2			
3			

**9. Is Management aware of this problem?**

Yes                       No                       Do not wish to disclose/Do not know

**Mailing Instructions**

Please complete the form and send it to the following address:

**Ranbaxy Inc, a Sun Pharma Company  
C/O Ethicspoint, P.O. Box 230369  
Portland  
Oregon- 97281-0369**

*Note- If you wish to receive an acknowledgement and/or need a reference number for your query, you will need to provide return address. Sun Pharma will keep your information confidential and will abide by non-retaliation and non-retribution policies toward you.*