

Information Request Form – for Queries and Questions on Legacy Ranbaxy Disclosure Policy

*(This form should be used to get answers on any question/query regarding Sun Pharma’s Legacy Ranbaxy Disclosure Policy.
Additional sheets of paper can be attached with this form. Please print this form and mail it to the address provided below)*

Note: You will need to provide the mailing information where the response can be sent along with a reference number.
Please remember, Sun Pharma will keep your information confidential and will abide by non-retaliation and non-retribution policies toward you.

How would you like to hear from us?

By Postal Mail By E-mail By Phone

(If no preference selected, Sun Pharma will respond via Postal Mail)

First Name:

Address:

Last Name:

Phone Number:

Email:

Please provide details regarding your queries/questions-

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.*