THIS DOCUMENT IS IMPORTANT AND REQUIRES YOUR IMMEDIATE ATTENTION

- Please submit this Form with the enclosures to the Registrar to the Offer as mentioned in the Letter of Offer
- Please read the enclosed Letter of Offer dated October 1, 2011 carefully before filing this Acceptance Form
- All terms and expressions used herein shall have the same meaning as ascribed thereto in the letter of Offer
- Each shareholder of **Pharma Com (India) Limited** to whom this Offer is being made, is free to offer his Equity Shares in whole or in part while accepting the Offer

FORM OF ACCEPTANCE-CUM-ACKNOWLEDGEMENT
PHARMA COM (INDIA) LIMITED OPEN OFFER

		OFFER
From:	**OFFER OPENS ON :**	**THURSDAY, OCTOBER 13, 2011**
Name	**OFFER CLOSES ON :**	**TUESDAY, NOVEMBER 01, 2011**
Folio No.:		

Purva Sharegistry (India) Private Ltd.
Unit no. 9, Shiv Shakti Industrial Estate
J .R. Boricha Marg
Opp. Kasturba Hospital Lane, Lower Parel (E)
Mumbai 400 011
Tel.: +91-22-23018261/2301 6761
Fax : +91-22-2301 2517
E-mail - busicomp@vsnl.com
Contact Person: Mr. Rajesh Shah

Dear Sir,

Sub: **Open Offer to the shareholders of Pharma Com (India) Limited to acquire from them 600,000 equity shares of ₹10/- each aggregating 20% of the issued subscribed and paid-up share capital of Pharma Com (India) Limited at a price of ₹ 1.40 (Rupee One and Paise Forty only) (the "Offer Price")per fully paid-up Equity Share payable in cash**

I/We refer to the Letter of Offer dated October 1, 2011 for acquiring the equity shares held by me/us in Pharma Com (India) Limited.

I/We, the undersigned have read the letter of Offer and understood its contents and unconditionally accept the terms and conditions as mentioned therein.

I/We, accept the Offer and enclose the original Equity Share certificate(s) and duly signed transfer deed(s) in respect of my/our Equity Shares as detailed below:

Sl. No.	**Ledger Folio No.**	**Certificate No(s).**	**Distinctive No(s)**		**No. Of shares**
			From	**To**	
1					
2					
3					
4					
				Total Number of Shares	

Note: Please attach an additional sheet of paper if the above space is insufficient and authenticate the same.

I/We note and understand that the original share certificate(s) and valid share transfer deed(s) will be held in trust for me/us by the Registrar to the Offer until the time the Acquirer dispatches the purchase consideration as mentioned in the letter of Offer. I/We also note and understand that the Acquirer will pay the purchase consideration only after verification of the documents and signatures.

Enclosures (Please tick as appropriate, if applicable)

☐ Duly attested Power of Attorney, if any person apart from the shareholder, has signed the acceptance from or transfer deed(s).

☐ Corporate authorization in case of Companies along with Board Resolution and Specimen Signatures of Authorised Signatories.

☐ Duly attested Death Certificate/ Succession Certificate (in case of single shareholder) in case the original shareholder has expired.

☐ No Objection Certificate & Tax Clearance Certificate under Income-tax Act, 1961, for NRIs/OCBs/Foreign Shareholders as applicable

☐ RBI approval for acquiring Equity Shares of Pharma Com (India) Limited hereby tendered in the Offer, for NRIs/OCBs/Foreign Shareholders as applicable

☐ Others (please specify):_____

I/We confirm that the Equity Shares of Pharma Com (India) Limited, which are being tendered herewith by me/us under this Offer, are free from liens, charges and encumbrances of any kind whatsoever.

I/We authorize the Acquirer to accept the shares so offered which they may decide to accept in consultation with the Manager to the Offer and in terms of the letter of Offer and I/We further authorize the Acquirer to return to me/us, Equity Share certificate(s)/ Equity Shares in respect of which the offer is not found valid/not accepted without specifying the reasons thereof.

I/We authorize the Acquirer and the Registrar to the Offer and the Manager to the Offer to send by Registered Post as may be applicable at my/our risk, the draft/cheque/warrant, in full and final settlement of the amount due to me/us and/or other documents or papers or correspondence to the sole/first holder at the address recorded with the Company..

I/We authorize the Acquirer to accept the Equity Shares so offered or such lesser number of Equity Shares that they may decide to accept in terms of the letter of Offer and I/We authorize the Acquirer to split / consolidate the Equity Share certificates comprising the Equity Shares that are not acquired to be returned to me/us and for the aforesaid purposes the Acquirer is hereby authorized to do all such things and execute such documents as may be found necessary and expedient for the purpose.

BANK DETAILS

So as to avoid fraudulent encashment in transit, the Shareholder(s) should provide details of bank account of the first/sole shareholder and the consideration cheque or demand draft will be drawn accordingly. Please indicate the preferred mode of receiving the payment consideration, (Please tick)

1) Electronic Mode: _____2) Physical Mode: _____

Sr. No.	Particulars	Details
1.	Name of the Bank	
2.	Complete Address of the Bank	
3.	Account Type (CA/SB/NRE/NRO/Others – Please mention)	
4.	Account No.	
5.	9 Digit MICR Code	
6.	IFSC code (for RTGS/NEFT transfers)	

Yours faithfully,
Signed and Delivered

	Full Name (s) of the holders	Signature(s)
First/Sole Holder		
Joint Holder 1		
Joint Holder 2		
Joint Holder 3		

Note: In case of joint holdings all must sign. A corporation must affix its rubber stamp and submit Board Resolution. Non-resident shareholders with repatriable benefits must enclose appropriate documentation.

Address of First/Sole Shareholder _____

_____

Place: **Date:**

General Instructions

1) **In case of shares held in joint names**, names of shareholders should be filled up in the same order in the Form and in the transfer deed(s) as the order in which they hold shares in **Pharma Com (India) Limited**, and should be duly witnessed. This order cannot be changed or altered nor can any new name be added for the purpose of accepting the Offer.

2) **In case where the signature is subscribed by thumb impression**, the same shall be verified and attested by a Magistrate, Notary Public or Special Executive Magistrate or a similar authority holding a Public Office and authorized to use the seal of his office.

3) Non-resident shareholders should enclose copy (ies) of permission received from Reserve Bank of India to acquire shares held by them in **Pharma Com (India) Limited**

4) **In case of bodies corporate**, certified copies of appropriate authorization (including Board/shareholder resolutions, as applicable) for the sale of shares along with specimen signatures duly attested by a bank must be annexed. The common seal should also be affixed.

5) **All the shareholders** should provide all relevant documents which are necessary to ensure transferability of the shares in respect of which the acceptance is being sent. Such documents may include (but not be limited to):

   a) Duly attested death certificate and succession certificate (in case of single shareholder) in case the original shareholder has expired.

   b) Duly attested power of attorney if any person apart from the shareholder has signed acceptance form or transfer deed(s).

   c) No Objection Certificate from any lender, if the shares in respect of which the acceptance is sent, were under any charge, lien or encumbrance.

PLEASE REFER TO THE DETAILED INSTRUCTIONS FOR PROCEDURE FOR ACCEPTANCE AND SETTLEMENT IN THE LETTER OF OFFER

----------TEAR ALONG THIS LINE----------

ACKNOWLEDGEMENT SLIP

PHARMA COM (INDIA) LIMITED OPEN OFFER

(to be filled in by the shareholders) (subject to verification)

Received from Mr./Ms./M/s _____
residing / having registered office _____
_____a Form of Acceptance cum Acknowledgement for _____ Equity Share(s) along with Share Certificate(s) _____Transfer Deed(s) under Folio No. _____ for accepting the Offer made by the Acquirer.

Stamp of Registrar	Signature of Official	Date of Receipt

----------TEAR ALONG THIS LINE----------

All future correspondence, if any, should be addressed to the Registrar to the Offer at the following address quoting your reference Folio No.

Purva Sharegistry (India) Private Ltd.
Unit no. 9, Shiv Shakti Industrial Estate
J .R. Boricha Marg
Opp. Kasturba Hospital Lane, Lower Parel (E)
Mumbai 400 011
Tel.: +91-22-23018261/2301 6761
Fax : +91-22-2301 2517
E-mail - busicomp@vsnl.com
Contact Person: Mr. Rajesh Shah