

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW JERSEY

IN RE DR. REDDY'S LABORATORIES LTD.  
SECURITIES LITIGATION

Case No. 3:17-cv-06436-PGS-DEA

**PROOF OF CLAIM AND RELEASE**

**A. GENERAL INSTRUCTIONS**

1. To recover as a member of the Settlement Class based on your claims in the action entitled *In re Dr. Reddy's Laboratories Ltd. Sec. Litig.*, Case No. 3:17-cv-06436-PGS-DEA (D.N.J.) (the "Action"), you must complete and, on page 5 below, sign this Proof of Claim and Release form ("Claim Form"). If you fail to submit a timely and properly addressed (as explained in paragraph 3 below) Claim Form, your claim may be rejected, and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement.

2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

3. **THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT [WWW.DRREDDYSSECURITIESSETTLEMENT.COM](http://WWW.DRREDDYSSECURITIESSETTLEMENT.COM) ON OR BEFORE SEPTEMBER 22, 2020 OR, IF MAILED, BE POSTMARKED OR RECEIVED ON OR BEFORE SEPTEMBER 22, 2020, ADDRESSED AS FOLLOWS:**

*In re Dr. Reddy's Laboratories Ltd. Sec. Litig.*  
Claims Administrator  
PO Box 3747  
Portland, OR 97208-3747  
[www.DrReddysSecuritiesSettlement.com](http://www.DrReddysSecuritiesSettlement.com)

4. If you are a member of the Settlement Class and you do not timely request exclusion in response to the Notice of Pendency of Class Action, Proposed Settlement, and Motion for Attorneys' Fees and Expenses (the "Notice") dated June 2, 2020, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**

**B. CLAIMANT IDENTIFICATION**

1. If you purchased or acquired American Depositary Shares ("ADSs") of Dr. Reddy's Laboratories Ltd. during the period from November 27, 2014 through September 15, 2017, inclusive (the "Class Period"), and held the shares in your name, you are the beneficial purchaser as well as the record purchaser. If, however, you purchased or acquired Dr. Reddy's ADSs during the Class Period through a third party, such as a brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

2. Use Part I of this form entitled "Claimant Information" to identify each beneficial purchaser or acquirer of Dr. Reddy's ADSs that forms the basis of this claim, as well as the purchaser or acquirer of record, if different. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S).**

3. All joint purchasers must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

### C. IDENTIFICATION OF TRANSACTIONS

1. Use Part II of this form entitled “Schedule of Transactions in Dr. Reddy’s ADSs” to supply all required details of your transaction(s) in Dr. Reddy’s ADSs. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to: (i) all of your holdings of Dr. Reddy’s ADSs as of the beginning of trading on November 27, 2014; (ii) all of your purchases, acquisitions, and sales of Dr. Reddy’s ADSs during the time periods below; and (iii) all of your holdings in Dr. Reddy’s ADSs as of the close of trading on December 13, 2017, whether such purchases, acquisitions, sales, or transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. The date of covering a “short sale” is deemed to be the date of purchase of Dr. Reddy’s ADSs. The date of a “short sale” is deemed to be the date of sale.

4. Copies of broker confirmations or other documentation of your transactions in Dr. Reddy’s ADSs must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. **THE PARTIES DO NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN DR. REDDY’S ADSs.**

5. **NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions via electronic files. All Claimants **MUST** submit a manually signed paper Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at (855) 917-3520 to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

**PART I – CLAIMANT INFORMATION**

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you **MUST** notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Beneficial Owner's First Name	MI	Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Beneficial Owner's First Name	MI	Co-Beneficial Owner's Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner[s] listed above)

Address 1 (street name and number)

Address 2 (apartment, unit, or box number)

City	State	Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Country (only if not USA)

Social Security Number (last four digits only)	OR	Taxpayer Identification Number (last four digits only)
<input type="text"/>		<input type="text"/>

Telephone Number (home)		Telephone Number (work)
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Claimant Account Type (check appropriate box)

<input type="checkbox"/> Individual (includes joint owner accounts)	<input type="checkbox"/> Pension Plan	<input type="checkbox"/> Trust
<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate	
<input type="checkbox"/> IRA/401(k)	<input type="checkbox"/> Other _____	(please specify)

**PART II – SCHEDULE OF TRANSACTIONS IN DR. REDDY’S ADSs**

**1. HOLDINGS AS OF OPENING OF TRADING ON NOVEMBER 27, 2014** – State the total number of Dr. Reddy’s ADSs held as of the opening of trading on November 27, 2014. (Must be documented.) If none, write “zero” or “0.”

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**Confirm Proof of Position Enclosed**

**2. PURCHASES/ACQUISITIONS FROM NOVEMBER 27, 2014 THROUGH SEPTEMBER 15, 2017** – Separately list each and every purchase/acquisition of Dr. Reddy’s ADSs from after the opening of trading on November 27, 2014 through and including the close of trading on September 15, 2017. (Must be documented.)

Date of Purchase/ Acquisition (List Chronologically) (Month/Day/Year)	Number of ADSs Purchased/ Acquired	Purchase/ Acquisition Price per Share	Total Purchase/ Acquisition Price (excluding taxes, commissions, and fees)	Confirm Proof of Purchase/ Acquisition Enclosed

**3. PURCHASES/ACQUISITIONS FROM SEPTEMBER 16, 2017 THROUGH DECEMBER 13, 2017** – State the total number of Dr. Reddy’s ADSs purchased/acquired from after the opening of trading on September 16, 2017 through and including the close of trading on December 13, 2017. (Must be documented.) If none, write “zero” or “0.”<sup>1</sup>

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**4. SALES FROM NOVEMBER 27, 2014 THROUGH DECEMBER 13, 2017** – Separately list each and every sale/disposition of Dr. Reddy’s ADSs from after the opening of trading on November 27, 2014 through and including the close of trading on December 13, 2017. (Must be documented.)

**IF NONE, CHECK HERE**

Date of Sale (List Chronologically) (Month/Day/Year)	Number of ADSs Sold	Sale Price per Share	Total Sale Price (excluding taxes, commissions, and fees)	Confirm Proof of Sale Enclosed

**5. HOLDINGS AS OF DECEMBER 13, 2017** – State the total number of Dr. Reddy’s ADSs held as of the close of trading on December 13, 2017. (Must be documented.) If none, write “zero” or “0.”

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**Confirm Proof of Position Enclosed**

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME, AND CHECK THIS BOX:

<sup>1</sup> Please note: Information requested with respect to your purchases/acquisitions of Dr. Reddy’s ADSs from after the opening of trading on September 16, 2017 through and including the close of trading on December 13, 2017 is needed in order to balance your claim; purchases during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.



**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.**

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Reminder Checklist:

1. Please sign the above release and acknowledgement.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.
3. Remember to attach copies of supporting documentation, if available.
4. **Do not send** originals of certificates.
5. Keep a copy of your Claim Form and all supporting documentation for your records.
6. The Claims Administrator will acknowledge receipt of your Claim Form within 60 days. Your claim is not deemed submitted until you receive an acknowledgment email or postcard. If you do not receive an acknowledgment email or postcard within 60 days, please contact the Claims Administrator.
7. If you move, please send your new address to:  

*In re Dr. Reddy's Laboratories Ltd. Sec. Litig.,*  
Claims Administrator  
PO Box 3747  
Portland, OR 97208-3747  
[www.DrReddysSecuritiesSettlement.com](http://www.DrReddysSecuritiesSettlement.com)  
(855) 917-3520
8. **Do not use red pen or highlighter** on the Claim Form or supporting documentation.