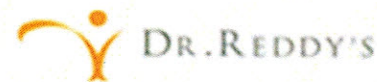


Matching Gifts Form



Administrative Guidelines and Conditions

- The minimum gift that will be matched by Dr. Reddy's Laboratories, Inc. & its U.S. Affiliates is \$25 up to a total of \$500 every calendar year per employee that meets eligibility requirements
- The donor and recipient organization must completely fill in the attached form
- After completing Part A, employees must send the original form with the contribution to the recipient organization
- The financial officer of the recipient organization completes Part B and sends the completed original form to back to the employee donor with a copy of the 501(c) 3
- Dr. Reddy's Laboratories, Inc. must receive the completed form within 90 days of the employee's donation
- Incomplete forms will be returned to the employee
- The recipient organization must cash the matching check within 90 days after the issue date of the check
- Dr. Reddy Laboratories, Inc. may change, revoke, suspend or terminate this program at any time

Part A: To Be Completed by the Employee Donor

Please fill out Part A and mail the original form to the organization to which you are donating for completion, with your donation. (Please print, type, or use Adobe Acrobat to enter information)

Employee Donor & Gift Information

1. Employee Name		5. Employee ID #	
2. Primary Phone Number		6. Date of Gift MM/DD/YYYY	
3. Email Address		7. Amount of Gift	
Address for the Recipient Organization to the return form and determination letter:			

Nonprofit Organization Receiving the Gift

Organization Name	Address
_____	_____

Employee Certification: I certify that my gift is a voluntary contribution made from my own resources and not from gifts or loans of any other person or organization. My gift does not represent in any way tuition or payment in exchange for, for in expectation of, some monetary or other benefit given to me, or to any person or organization named by me. In addition, my gift should not be used for a religious or political contribution and is eligible for a match under the Company's policy.

Employee Signature	Date
_____	_____

Part B: To Be Completed by the Recipient Organization

Please return the original completed form and a copy of the IRS 501 (1) (3) or 509 (a) (1),(2),(3) determination letter to the Employee Donor using their contact information above. Dr. Reddy's Laboratories, Inc. will not consider this request unless the nine (9) digit tax ID number is provided. *Certification : I certify the receipt of the gift described in Part A on behalf of the named recipient in the amount of \$_____ on _____, 20____ and certify that gifts to this institution/organization are tax deductible under Section 501(c) (3) or 509 (a)(1),(2),(3) of the Internal Revenue Code of the United States. Furthermore, I certify that this gift does not represent in any way tuition or payment in exchange for, or in expectation of, monetary or other benefits to given to the donor or any person or organization named by the donor. In addition, this gift will not be used for religious or political purposes, not to fulfill a religious or political commitment.*

Signature	Date
_____	_____
Contact Person's Name and Title	Phone #
_____	_____
Address	Tax ID #
_____	_____

The Employee Donor must return this form and the determination letter to Human Resources:
Matching Gifts Email ID (mgifts@drreddys.com)

FOR OFFICE USE ONLY:
GL Code: 43082006 Cost Center: 100661