Form No. SH-4 - SECURITIES TRANSFER FORM

[Pursuant to section 56 of the Companies Act, 2013 and sub-rule (1) of rule 11 of the Companies (Share Capital and Debentures) Rules 2014]

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Date of execution
Date of execution

FOR THE CONSIDERATION stated below the "Transferor(s)" named do hereby transfer to the "Transferee(s)" named the securities specified below subject to the conditions on which the said securities are now held by the Transferor(s) and the Transferee(s) do hereby agree to accept and hold the said securities subject to the conditions aforesaid.

CIN: L37060MH1984PLC055433

Name of the Company (in full): AARTI DRUGS LIMITED

Name of the Stock Exchange where the company is listed, if any BSE Limited & National Stock Exchange of India Limited

DESCRIPTION OF SECURITIES:

Kind/Class of Securities	Nominal Value of each unit of security	Amount called up per unit of security	Amount Paid up per unit of security	
(1)	(2)	(3)	(4)	
EQUITY	10.00	10.00	10.00	

No. securities being transferred			Consideration received (Rs.)				
In figures		In words		In words		In figures	
					I		I
Distinctive	From						
Number	То						
Corresponding	g						
Certificate No	s.						

TRANSFEROR'S PARTICULARS

Registered Folio Number		
Name(s) in full	PANNO	Signature (s)
1.		
2.		
3.		

3.							
I, hereby confirm that the Transferor has signed before me.							
Signature of Witness							
Name & Address of the Witness							

	F * * * * * * * * * * * * * * * * * * *				
(1)	(2)	(3)	(4)	(5)	(6)
AARTI DRUGS LIMITED.	N.A	Plot No. N - 198, M.I.D.C., Village - Pamtermbhi, Taluka & Dist. Palghar - 401 506, Maharashtra, investorrelations@aartidrugs.com	Business		
Folio No. Transfere	e		Specimen :	Signature of Transfe	ree
Value of stamp affix	xed(Rs)				
Enclosures:					
Stamps					
Certificate of share	es or debentures or other	securities			
2. If no certificate is	issued, letter of allotmer	ıt.			
3.Copy of PAN Card	of all the Transferees (F	For all listed Cos.)			
4.Others, specify					
	Checked byy.				
Entered in the Reg	gister of Transfer on	vide			
Transfer No					
Approval Date					
	/Probate /Death Certifi	icate/ Letter of			
Administration					
Registered on	at No	0			
On the reverse pag	ge of the certificate				
Name of the Trans	sferor:				
Name of the T	C				

Transferee's Particulars

Occupation

Existing folio

No., if any.

Signature of the authorized signatory

Signature

Address & E-mail id

Name in full

Name of the Transferee

No. of shares

Date of Transfer

Father's/

mother's /

Spouse Name