

NAME OF THE COMPANY (REGISTRATION NUMBER)

[ADDRESS OF THE OFFEROR]

FORM FOR ADDITIONAL SHARES (SUBJECT TO AVAILABILITY)

(Carefully read the instructions given in the Annexure I of the Offer Document to Repurchase and strictly comply with the same)

Offer made to Shareholders of [Offeror] as at the end of trading Record Date (hereinafter referred to as Eligible Shareholders) through the Offer Document to repurchase up to a maximum of [shares Quantity] Ordinary Shares on a pro-rata basis of [proportion] s held at a price of share price] per share.

Section A: Acceptance

			Date	D	D	M	M	V	E	A	R
CDS Acc Recommended for the issuer to include the CDS account number (broker-wise)	Name & Address of Principal/Sole Eligible Shareholder	Number of shares available for additional repurchases (a1-a2)	B1			B2					
			Number of shares accepted for repurchase			Repurchase consideration price per share (Rs.)					
ABC-123456789-XX-00	Recommended for the issuer to include	Recommended for the issuer include	Recommended for the issuer include								

Name(s) of joint eligible shareholders (if applicable)

(1)	(2)
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I/We, the Eligible Shareholders of [Offeror] whose details appear in Section B below for consideration as detailed in the Offer Document to repurchase forwarded by [Offeror] do hereby tender for repurchase by [Offeror] the shares of [Offeror] as stated in Section A, subject to availability, stated in my/our name(s) in the books of [Offeror]. The shares tendered herein for repurchase are shares in addition to the shares in respect of which I have accepted the Repurchase Offer of [Offeror] as specified in 'Form A – Form of Acceptance, or which are less than the minimum number of shares that can be tendered for repurchase by [Offeror] (by way of submitting an acceptance by completing 'Form A – Form of Acceptance), as the case may be.

I/We agree and acknowledge that I/We will be deemed to have accepted the Repurchase Offer by [Offeror] for such further number of shares, out of the shares specified herein, that [Offeror] determines it will repurchase.

My/Our [Offeror] shares are currently (please tick (v) as applicable):

() held in script form (to be completed by Eligible Shareholders who hold share certificates)

I/We enclose my/our share certificate(s) number(s)..... for shares on the condition that any excess shares over and above the number of shares accepted by me/us shall be retained by the Company standing in my name in the share register until such time a CDS account is opened by me/us and such details are informed to the Company Secretaries in writing.

() deposited with the CDS

My/Our shares are deposited in the Central Depository Systems (Private) Limited (CDS) and my/our account number is as follows.

<input type="text"/>											
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I/We having my/our shares in the afore mentioned CDS account have completed the Section E, which gives authority to the CDS to credit the additional shares tendered by me/us into [Offeror] Share Repurchase Additional Share Account. I/We understand that any excess shares over and above the number repurchased by [Offeror] will be credited back to my/our CDS account **within 09 market days** after the Closure of the Repurchase Offer.

I/We understand that the amount due to me/us as consideration for my/our shares which are transferred hereby shall: as a **Resident Shareholder** – be made in accordance with the instructions provided in Section C to the principal/sole shareholder stated in Section B below, as a **Non-Resident Shareholder** – be made to Inward Investment Account (IIA) or Capital Transaction Rupee Account (CTRA) as applicable; the details of which I/we have provided in Section C.

Section B: Information on Eligible Shareholder(s)

			Contact No.	NIC No./Passport No. Company Registration No.
Principal/Sole Shareholder (Dr./Mr./Mrs./Ms./Other)	Name:			
	Address:			
1 st Joint Shareholder (Dr./Mr./Mrs./Ms./Other)	Name:			
	Address:			
2 nd Joint Shareholder (Dr./Mr./Mrs./Ms./Other)	Name:			
	Address:			

Section C: Declaration and Signature(s) of shareholder(s)

I/We the shareholder/s of [Offeror] mentioned in Section A, hereby expressly and solemnly state and confirm and declare that the information set out herein by me/us are true and correct and be relied on and acted upon by [Offeror] and that;

In respect of resident shareholders/institutions incorporated in Sri Lanka –

() I/We confirm that I am a/we are residents of Sri Lanka or a Private/Public Company/Corporation incorporated in Sri Lanka.

Please tick (v) one of the boxes as applicable to you. Please refer Enclosure II for further details.

() Please remit via Bank Draft or Cashier's Order in favour of the principal shareholder stated in Section B above crossed "Not Negotiable and Account Payee Only" and mail to me/us at my/our own risk to the address appearing in Section B above.

() Please remit any amount due to me/us via SLIPS transfer in favour of the principal shareholder stated in Section B above to the account detailed below.

Bank Code	Branch Code	Account Number									

IMPORTANT: Kindly Ensure to provide correct & accurate information. Please contact your bank branch to clarify any doubts.

