## Enroll as Eligible Voter (the following format to be submitted on the Company letter head

To The Director General, Pharmexcil Hyderabad			
Ref: RCMC No. & IEC 1	Number:		
	tration and providin	member to exercise voting ag the following data required	
Export fundover (1 OB v			1
	Financial Year	Export Turnover (FOB) in Cr	
	2019-20		
	2020-21		
	2021-22		
<u> </u>			

Signatory:	 	
Name:		
Designation		
Date: :		

Stamp/Seal of the Company:\_\_\_