

REGISTERED BROKER / SCSB/ CDP/ RTA STAMP & CODE	SUB-BROKER'S / SUB-AGENT'S STAMP & CODE	1. NAME & CONTACT DETAILS OF SOLE/FIRST APPLICANT Mr./Ms./M/s. _____ Address _____ E-mail _____ Tel. No (with STD code) / Mobile _____ 2. PAN OF SOLE/FIRST APPLICANT _____ 3. INVESTOR'S DEPOSITORY ACCOUNT DETAILS NSDL <input type="checkbox"/> CDSL <input type="checkbox"/> _____ For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID
SCSB BRANCH STAMP & CODE	SCSB BRANCH SERIAL NO.	

PLEASE CHANGE MY APPLICATION

4. FROM (as per last Application or Revision)																			
Options	No. of Equity Shares applied (Application must be in multiples of 3000 Equity Shares)							Price per Equity Share (₹) 42/- (In Figures)											
	(In Figures)							Issue Price				Discount, if any				Net Price			
	7	6	5	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Option 1																			
(OR) Option 2				NOT APPLICABLE								NOT APPLICABLE							
(OR) Option 3				NOT APPLICABLE								NOT APPLICABLE							

5. TO (Revised Application)																			
Options	No. of Equity Shares applied (Application must be in multiples of 3000 Equity Shares)							Price per Equity Share (₹) 42/- (In Figures)											
	(In Figures)							Issue Price				Discount, if any				Net Price			
	7	6	5	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Option 1																			
(OR) Option 2				NOT APPLICABLE								NOT APPLICABLE							
(OR) Option 3				NOT APPLICABLE								NOT APPLICABLE							

6. PAYMENT DETAILS [IN CAPITAL LETTERS]																				PAYMENT OPTION : FULL PAYMENT									
Additional Amount Blocked (₹ in Figures) _____										(₹ in words) _____																			
ASBA Bank A/c No. _____																													
Bank Name & Branch _____																													
OR _____																													
UPI Id. _____																													
(Maximum 45 characters)																													

I/WE (ON BEHALF OF JOINT APPLICANTS, IF ANY), HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS REVISION FORM AND THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN THE PUBLIC ISSUE ("GID") AND HEREBY AGREE AND CONFIRM THE "APPLICANT(S) UNDERTAKING" AS GIVEN OVERLEAF. I/WE (ON BEHALF OF JOINT APPLICANTS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THE REVISION FORM GIVEN OVERLEAF.

7 A. SIGNATURE OF SOLE / FIRST APPLICANT Date: _____, 2023	7 B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS) I/We authorize the SCSB to do all acts as are necessary to make the Application in the issue 1) _____ 2) _____ 3) _____	Registered Broker/ SCSB/ CDP/ RTA Stamp (Acknowledging upload of Application in Stock Exchange system)
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DPID / CLID																			
Additional Amount Blocked (₹ in figures)										ASBA Bank A/c No. / UPI Id									
Bank Name & Branch																			
Received from Mr./Ms. /M/s.																			
Telephone / Mobile										Email									

AGARWAL FLOAT GLASS INDIA LIMITED - INITIAL PUBLIC ISSUE - REVISION - R	Option 1	Option 2	Option 3	Stamp & Signature of Registered Broker/ SCSB/ CDP/ RTA	Name of Sole / First Applicant
	No. of Equity Shares				
	Issue Price				
	Additional Amount Blocked (₹)				
	ASBA Bank A/c No. / UPI Id:				
Bank Name & Branch:				Acknowledgment Slip for Applicant Application Form No.	
Important Note: Application made using third party UPI Id or ASBA Bank A/c are liable to be rejected.					