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PLEASE FILL IN BLOCK LETTERS

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COMMON BID CUM
APPLICATION FORM

To,
The Board of Directors
BLUE JET HEALTHCARE LIMITED

BLUE JET HEALTHCARE LIMITED - INITIAL PUBLIC OFFER - NR

Registered and Corporate Office: 701, 702, 7th Floor, Bhumi Raj Costarica, Sector 18, Sanpada, Navi Mumbai, Thane - 400 705, Maharashtra, India
Telephone: 022-69891200; Contact Person: Sweta Poddar, Company Secretary and Compliance Officer; Telephone: 022-69891200
E-mail: companysecretary@bluejethealthcare.com; Website: www.bluejethealthcare.com; Corporate Identity Number: U99999MH1968PLC014154

FOR NON-RESIDENTS, INCLUDING ELIGIBLE
NRIs, FPIs, FVCI AND REGISTERED MULTI
LATERAL AND BILATERAL DEVELOPMENT
FINANCIAL INSTITUTIONS ETC. APPLYING ON A
REPATRIATION BASIS

100% BOOK BUILT OFFER

ISIN: INE0KBH01020

LEI: 9845005F98A4DY0DFC08

**Bid cum
Application
Form No.**

MEMBERS OF THE SYNDICATE'S STAMP & CODE	SUB-SYNDICATE MEMBER'S/ REGISTERED BROKER'S SCSB'S/CDP'S/RTA'S STAMP & CODE
SUB-BROKER'S/SUB-AGENT'S STAMP & CODE	SCSB BRANCH STAMP & CODE
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.

1. NAME & CONTACT DETAILS OF SOLE / FIRST BIDDER Mr. /Ms./M/s. _____ Address _____ Email _____ Tel. No. (with STD code) / Mobile _____
2. PAN OF SOLE / FIRST BIDDER _____

3. BIDDER'S DEPOSITORY ACCOUNT DETAILS <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL _____
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For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID

4. BID OPTIONS (ONLY RETAIL INDIVIDUAL BIDDERS CAN BID AT "CUT-OFF")																	5. CATEGORY		6. INVESTOR STATUS	
Bid Options	No. of Equity Shares Bid (In Figures) (Bids must be in multiples of Bid Lot as advertised)									Price per Equity Share (₹) / "Cut-off" (Price in multiples of ₹1/- only) (In Figures only)						Retail Individual Bidder	Non-Institutional Bidder	QIB	<input type="checkbox"/> Non-Resident Indian(s) (Repatriation basis) - NRI <input type="checkbox"/> Registered Bilateral and Multilateral Development Financial Institutions - RBM <input type="checkbox"/> Foreign Venture Capital Investor - FVCI <input type="checkbox"/> Foreign Portfolio Investor - FPI <input type="checkbox"/> All entities other than QIBs, Bodies Corporate and Individuals - NOH <input type="checkbox"/> Other - OTH	
										Bid Price		Retail Discount		Net Price						"Cut-off" (Please ✓ tick)
	8	7	6	5	4	3	2	1	3	2	1	3	2	1	3					
Option 1																				
(OR) Option 2																				
(OR) Option 3																				

7. PAYMENT DETAILS [IN CAPITAL LETTERS] Amount blocked (₹ in figures) _____ (₹ in words) _____ ASBA _____ Bank A/c No. _____ Bank Name & Branch _____ OR UPI ID (Maximum 45 characters) _____	PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/>
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I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS BID CUM APPLICATION FORM, THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC ISSUES ("GID") AND HEREBY AGREE AND CONFIRM THE 'BIDDER'S UNDERTAKING' AS GIVEN OVERLEAF. I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THIS BID CUM APPLICATION FORM GIVEN OVERLEAF.

8A. SIGNATURE OF SOLE/ FIRST BIDDER _____ Date : _____, 2023	8B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS) I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer. 1) _____ 2) _____ 3) _____	MEMBERS OF THE SYNDICATE / SUB- SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchange system) _____
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BLUE JET HEALTHCARE LIMITED INITIAL PUBLIC OFFER - NR	Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent	Bid cum Application Form No. _____
DP ID / CL ID _____	PAN of Sole / First Bidder _____	
Amount blocked (₹ in figures) _____ ASBA Bank A/c No./UPI ID _____ Bank Name & Branch _____ Received from Mr./Ms./M/s. _____ Telephone / Mobile _____ Email _____	Stamp & Signature of SCSB Branch _____	

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BLUE JET HEALTHCARE LIMITED - INITIAL PUBLIC OFFER - NR	Option 1 Option 2 Option 3 No. of Equity Shares _____ Bid Price (₹) _____ Amount Blocked (₹ in figures) _____	Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent _____	Name of Sole / First Bidder _____
	ASBA Bank A/c No./UPI ID _____ Bank Name & Branch _____		Acknowledgement Slip for Bidder Bid cum Application Form No. _____

Important Note: Application made using third party UPI ID or ASBA Bank A/c are liable to be rejected.

BLUE JET HEALTHCARE LIMITED

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