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PLEASE FILL IN BLOCK LETTERS

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COMMON BID CUM  
APPLICATION FORM

**HEALTHCARE GLOBAL ENTERPRISES LIMITED - INITIAL PUBLIC OFFER - NR**  
Registered Office: HCG Tower, No. 8, P Kalinga Rao Road, Sampangi Rama Nagar, Bengaluru 560 027, Karnataka, India  
Tel: +91 80 4660 7700; Fax: +91 80 4660 7749; E-mail: investors@hcgencology.com; Website: www.hcgel.com  
Corporate Identity Number: U15200KA1998PLC023489

**FOR NON-RESIDENTS, INCLUDING  
ELIGIBLE NRIs, FPIs OR FVCIs ETC  
APPLYING ON A REPATRIATION BASIS**



TO,  
**THE BOARD OF DIRECTORS**  
**HEALTHCARE GLOBAL ENTERPRISES LIMITED**

BOOK BUILT OFFER

ISIN : INE075101017

**Bid cum  
Application  
Form No.**

<b>SYNDICATE MEMBER'S STAMP &amp; CODE</b>	<b>BROKER/SCSB/CDP/RTA STAMP &amp; CODE</b>	<b>1. NAME &amp; CONTACT DETAILS OF SOLE / FIRST BIDDER</b>
		Mr. / Ms./M/s. _____ _____ _____ Address _____ _____ _____ Email _____ Tel. No (with STD code) / Mobile _____
<b>SUB-BROKER'S / SUB-AGENT'S STAMP &amp; CODE</b>	<b>SCSB BRANCH STAMP &amp; CODE</b>	<b>2. PAN OF SOLE / FIRST BIDDER</b>
		_____
<b>BANK BRANCH SERIAL NO.</b>	<b>SCSB SERIAL NO.</b>	

<b>3. BIDDER'S DEPOSITORY ACCOUNT DETAILS</b> <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL		<b>6. INVESTOR STATUS</b>	
For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID _____		<input type="checkbox"/> <b>NRI</b> Non-Resident Indian(s) (Repatriation basis) <input type="checkbox"/> <b>FII</b> FII or Sub-account not a Corporate/Foreign Individual <input type="checkbox"/> <b>FIISA</b> FII Sub-account Corporate/Individual <input type="checkbox"/> <b>FVCI</b> Foreign Venture Capital Investor <input type="checkbox"/> <b>FPI</b> Foreign Portfolio Investors <input type="checkbox"/> <b>OTH</b> Others (Please Specify) _____	
<b>4. BID OPTIONS (ONLY RETAIL INDIVIDUAL BIDDERS CAN BID AT "CUT-OFF")</b>		<b>5. CATEGORY</b>	
<b>Bid Options</b>	<b>No. of Equity Shares Bid (In Figures) (Bids must be in multiples of Bid Lot as advertised)</b>	<b>Price per Equity Share (₹)/ "Cut-off" (Price in multiples of ₹ 1/- only) (In Figures)</b>	
		<b>Bid Price</b>	<b>Retail Discount</b>
		<b>Net Price</b>	<b>"Cut-off" (Please tick)</b>
Option 1			<input type="checkbox"/>
(OR) Option 2			<input type="checkbox"/>
(OR) Option 3			<input type="checkbox"/>
		<input type="checkbox"/> <b>Retail Individual Bidder</b> <input type="checkbox"/> <b>Non-Institutional Bidder</b> <input type="checkbox"/> <b>QIB</b>	

<b>7. PAYMENT DETAILS</b>	<b>PAYMENT OPTION : FULL PAYMENT <input type="checkbox"/> PART PAYMENT <input checked="" type="checkbox"/></b>
Amount paid (₹ in figures) _____ (₹ in words) _____	
<b>ASBA</b> Bank A/c No. _____	
Bank Name & Branch _____	
I/WE (ON BEHALF OF JOINT APPLICANTS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS BID CUM APPLICATION FORM AND THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC ISSUES ("GID") AND HEREBY AGREE AND CONFIRM THE 'BIDDERS 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 BID CUM APPLICATION FORM GIVEN OVERLEAF.	

<b>8A. SIGNATURE OF SOLE/ FIRST BIDDER</b>	<b>8B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)</b>	<b>SYNDICATE MEMBER / BROKER / SCSB / CDP / RTA STAMP (Acknowledging upload of Bid in Stock Exchange system)</b>
	I/We authorize the SCSB to do all acts as are necessary to make the Application in the Issue	
	1) _____	
	2) _____	
	3) _____	
Date : _____ 2016		

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<b>HCG</b>	<b>HEALTHCARE GLOBAL ENTERPRISES LIMITED</b>	<b>Acknowledgement Slip for Syndicate Member/ Broker/SCSB/CDP/RTA</b>	<b>Bid cum Application Form No.</b>
	<b>INITIAL PUBLIC OFFER - NR</b>		
<b>DPID / CLID</b>			<b>PAN of Sole / First Bidder</b>

Amount paid (₹ in figures) _____	ASBA Bank A/c No. _____	Stamp & Signature of SCSB Branch
Bank & Branch _____		
Received from Mr./Ms./M/s. _____		
Telephone / Mobile _____	Email _____	

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<b>HEALTHCARE GLOBAL ENTERPRISES LIMITED - INITIAL PUBLIC OFFER - NR</b>	<table border="1"> <tr> <td></td> <td>Option 1</td> <td>Option 2</td> <td>Option 3</td> </tr> <tr> <td>No. of Equity Shares</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bid Price</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Amount Paid (₹)</td> <td></td> <td></td> <td></td> </tr> </table>		Option 1	Option 2	Option 3	No. of Equity Shares				Bid Price				Amount Paid (₹)				Stamp & Signature of Syndicate Member / Broker / SCSB / CDP / RTA _____ _____ _____	<b>Name of Sole / First Bidder</b> _____ _____ _____
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Bid Price																			
Amount Paid (₹)																			
	ASBA Bank A/c No. _____		<b>Bid cum Application Form No.</b>																
	Bank & Branch _____																		

Acknowledgement Slip for Bidder