



# SYNDICATE ASBA FORM

COMMON BID  
REVISION FORM

## JUPITER LIFE LINE HOSPITALS LIMITED - INITIAL PUBLIC OFFER - NR

Corporate Identity Number: U85100MH2002PLC137908  
Registered Office: 1004, 10<sup>th</sup> Floor, 360 Degree Business Park, Mahanna Pratap Chowk, LBS Marg, Mulund (West), Mumbai - 400 080, Maharashtra, India  
Corporate Office: Jupiter Hospital, Eastern Express Highway, Thane (West), Mumbai - 400 601 Maharashtra, India  
Contact Person: Suma Uparatti, Company Secretary and Compliance Officer, Telephone: +91 22 2172 5623, Email: cs@jupiterhospital.com, Website: www.jupiterhospital.com

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

**Jupiter Hospital**  
Patient First

To,  
The Board of Directors  
JUPITER LIFE LINE HOSPITALS LIMITED

**100% BOOK BUILT OFFER**  
ISIN: INE682M01012  
LEI: 33580007XGF2IIMHP506

**Bid cum  
Application  
Form No.**

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

### PLEASE CHANGE MY BID

4. FROM (AS PER LAST BID OR REVISION)																			
Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) (Price in multiples of ₹ 1/- only)										
	(In Figures)								(In Figures Only)										
	8	7	6	5	4	3	2	1	Bid Price			Retail Discount			Net Price			(Please ✓ tick)	
Option 1									3	2	1	3	2	1	3	2	1		
(OR) Option 2																		<input type="checkbox"/>	
(OR) Option 3																		<input type="checkbox"/>	
5. TO (REVISED BID)																			
Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) (Price in multiples of ₹ 1/- only)										
	(In Figures)								(In Figures Only)										
	8	7	6	5	4	3	2	1	Bid Price			Retail Discount			Net Price			(Please ✓ tick)	
Option 1									3	2	1	3	2	1	3	2	1		
(OR) Option 2																		<input type="checkbox"/>	
(OR) Option 3																		<input type="checkbox"/>	

6. PAYMENT DETAILS [IN CAPITAL LETTERS]										PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/>									
Additional Amount Blocked (₹ in figures) _____ (₹ in words) _____																			
ASBA Bank A/c No. _____																			
Bank Name & Branch _____																			
Bank Reference Number _____																			

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 REVISION FORM, THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC OFFERS ("GID") AND HEREBY AGREE AND CONFIRM THE 'BIDDER'S UNDERTAKING' AS GIVEN ALONG WITH THE COMMON BID CUM APPLICATION FORM. I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THIS BID REVISION FORM GIVEN OVERLEAF.

7A. SIGNATURE OF SOLE/ FIRST BIDDER										7B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)										7C. MEMBERS OF THE SYNDICATE / SUB - SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchange System)									
Date : _____, 2023										I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer.																			
										1) _____																			
										2) _____																			
										3) _____																			

TEAR HERE

### SYNDICATE ASBA FORM

<b>Jupiter Hospital</b> Patient First										<b>JUPITER LIFE LINE HOSPITALS LIMITED</b> <b>BID REVISION FORM -</b> <b>INITIAL PUBLIC OFFER - NR</b>										Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / CDP / RTA / Agent										<b>Bid cum Application Form No.</b>									
DP ID / CL ID _____										PAN of Sole / First Bidder _____																													
Additional Amount Blocked (₹ in figures) _____										ASBA Bank A/c No. _____										Stamp & Signature of SCSB Branch _____																			
Bank Name & Branch _____																																							
Received from Mr./Ms./M/s. _____																																							
Telephone / Mobile _____										Email _____																													

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### SYNDICATE ASBA FORM

<b>JUPITER LIFE LINE HOSPITALS LIMITED - BID REVISION FORM - INITIAL PUBLIC OFFER - NR</b>										Option 1    Option 2    Option 3										Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent										Name of Sole / First Bidder _____									
No. of Equity Shares _____										Bid Price (₹) _____																													
Additional Amount Blocked (₹ in figures) _____																																							
ASBA Bank A/c No. _____																																							
Bank Name & Branch _____																																							
Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.																																							