

SYNDICATE ASBA FORM

COMMON BID CUM APPLICATION FORM

JUPITER LIFE LINE HOSPITALS LIMITED - INITIAL PUBLIC OFFER - R

Corporate Identity Number: U85100MH2002PLC137908
Registered Office: 1004, 10th Floor, 360 Degree Business Park, Maharana 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 Upparati, Company Secretary and Compliance Officer; Telephone: +91 22 2172 5623; Email: cs@jupiterhospital.com; Website: www.jupiterhospital.com

FOR RESIDENT INDIAN INVESTORS INCLUDING RESIDENT QIBs, NON-INSTITUTIONAL BIDDERS, AND ELIGIBLE NRIs APPLYING ON A NON-REPATRIATION BASIS, FOR BID SIZE ABOVE INR 5,00,000



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		1. NAME & CONTACT DETAILS OF SOLE / FIRST BIDDER	
				Mr./Ms./M/s. _____	
SUB-BROKER'S / SUB-AGENT'S STAMP & CODE		SCSB BRANCH STAMP & CODE		Address _____	
				Email _____	
BANK BRANCH SERIAL NO.		SCSB SERIAL NO.		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		6. INVESTOR STATUS	
		<input type="checkbox"/> Individual(s) - IND <input type="checkbox"/> Hindu Undivided Family - HUF* <input type="checkbox"/> Body Corporate - CO <input type="checkbox"/> Systemically Important NBFCs <input type="checkbox"/> Banks & Financial Institutions - FI <input type="checkbox"/> Mutual Funds - MF <input type="checkbox"/> National Investment Fund - NIF <input type="checkbox"/> Insurance Funds - IF <input type="checkbox"/> Insurance Companies - IC <input type="checkbox"/> Venture Capital Fund - VCF <input type="checkbox"/> Alternative Investment Fund - AIF <input type="checkbox"/> Other QIBs - OTH <input type="checkbox"/> Non Resident Indian - NRI (Non-repatriation basis) <input type="checkbox"/> All entities other than QIBs, Body Corporate and Individuals - NOH Please Specify _____	
For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID			

4. BID OPTIONS		5. CATEGORY				
Bid Options	No. of Equity Shares Bid (In Figures) (Bids must be in multiples of Bid Lot as advertised)	Price per Equity Share (₹) (Price in multiples of ₹ 1 only) (In Figures only)				<input type="checkbox"/> Non-Institutional Bidder <input type="checkbox"/> QIB
		Bid Price		Net Price		
	8 7 6 5 4 3 2 1	3 2 1	3 2 1	3 2 1	(Please ✓/tick)	
Option 1					<input type="checkbox"/>	
(OR) Option 2					<input type="checkbox"/>	
(OR) Option 3					<input type="checkbox"/>	

7. PAYMENT DETAILS [IN CAPITAL LETTERS]		PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/>	
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 COMMON 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 COMMON BID CUM APPLICATION FORM GIVEN OVERLEAF.

8A. SIGNATURE OF SOLE/ FIRST BIDDER		8B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)		8C. MEMBERS OF THE SYNDICATE / SUB - SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchange System)	
		I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer.			
		1) _____			
		2) _____			
		3) _____			
Date : _____, 2023					

SYNDICATE ASBA FORM

Jupiter Hospital Patient First		JUPITER LIFE LINE HOSPITALS LIMITED INITIAL PUBLIC OFFER - R		Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / 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. _____		Stamp & Signature of SCSB Branch _____			
Bank Name & Branch _____							
Received from Mr./Ms./M/s. _____							
Telephone / Mobile _____		Email _____					

SYNDICATE ASBA FORM

JUPITER LIFE LINE HOSPITALS LIMITED - INITIAL PUBLIC OFFER - R		Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent		Name of Sole / First Bidder	
Option 1		Option 2		Option 3	
No. of Equity Shares					
Bid Price (₹)					
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.				Acknowledgement Slip for Bidder	
				Bid cum Application Form No.	

SYNDICATE ASBA FORM

COMMON BID REVISION FORM

JUPITER LIFE LINE HOSPITALS LIMITED - INITIAL PUBLIC OFFER - R

Corporate Identity Number: U85100MH2002PLC137908
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Contact Person: Suma Uparatti, Company Secretary and Compliance Officer, Telephone: +91 22 2172 5623, Email: cs@jupiterhospital.com, Website: www.jupiterhospital.com

FOR RESIDENT INDIAN INVESTORS INCLUDING
RESIDENT QIBs, NON-INSTITUTIONAL BIDDERS,
AND ELIGIBLE NRIs APPLYING ON A NON-REPATRIATION
BASIS, FOR BID SIZE ABOVE INR 5,00,000

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	1. NAME & CONTACT DETAILS OF SOLE / FIRST BIDDER 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.	
2. PAN OF SOLE / FIRST BIDDER _____ 3. BIDDER'S DEPOSITORY ACCOUNT DETAILS <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

Jupiter Hospital
Patient First

**JUPITER LIFE LINE
HOSPITALS LIMITED**
BID REVISION FORM -
INITIAL PUBLIC OFFER - R

Acknowledgement Slip for
Members of the Syndicate / Sub-Syndicate
Member / Registered Broker /
CDP / RTA / Agent

**Bid cum
Application
Form No.**

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

TEAR HERE

SYNDICATE ASBA FORM

JUPITER LIFE LINE HOSPITALS LIMITED - BID REVISION FORM - INITIAL PUBLIC OFFER - R		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 _____				Acknowledgement Slip for Bidder Bid cum Application Form No.	
Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.						