

COMMON BID CUM
APPLICATION FORM

To,
The Board of Directors
MANKIND PHARMA LIMITED

MANKIND PHARMA LIMITED - INITIAL PUBLIC OFFER - NR

Registered Office: 208, Okhla Industrial Estate, Phase-III, New Delhi 110 020, Delhi, India; Tel: +91 11 4747 6600
Corporate Office: 262, Okhla Industrial Estate, Phase-III, New Delhi 110 020, Delhi, India; Tel: +91 11 4684 6700
Contact Person: Pradeep Chugh, Company Secretary and Compliance Officer; Tel: +91 11 4684 6729
E-mail: investors@mankindpharma.com; Website: www.mankindpharma.com;
Corporate Identity Number: U74899DL1991PLC044843

FOR NON-RESIDENTS INCLUDING ELIGIBLE
NRIs, FVCIs, FPIs AND REGISTERED BILATERAL
AND MULTILATERAL INSTITUTIONS APPLYING
ON A REPATRIATION BASIS

100% BOOK BUILT OFFER
ISIN: INE634S01028
LEI: 33580067G8AZ7S8NYA02

**Bid cum
Application
Form No.**

MEMBER OF THE SYNDICATE'S 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

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)							<input type="checkbox"/> Retail Individual Bidder <input type="checkbox"/> Non-Institutional Bidder <input type="checkbox"/> 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				2
Option 1																			
(OR) Option 2																			
(OR) Option 3																			

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 _____																			
OR																			
UPI ID (Maximum 45 characters) _____																			

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 THE 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.		MEMBER OF THE SYNDICATES / SUB- SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchange system)
	1) _____		
	2) _____		
	3) _____		

TEAR HERE

MANKIND PHARMA LIMITED INITIAL PUBLIC OFFER - NR															Acknowledgement Slip for Member 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 _____															Stamp & Signature of SCSB Branch _____														
Bank Name & Branch _____																																												
Received from Mr./Ms./M/s. _____																																												
Telephone / Mobile _____															Email _____																													

TEAR HERE

MANKIND PHARMA LIMITED - INITIAL PUBLIC OFFER - NR	Option 1			Option 2			Option 3			Stamp & Signature of Member of the Syndicates / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent	Name of Sole / First Bidder _____																											
	No. of Equity Shares																																					
	Bid Price (₹)																																					
	Amount Blocked (₹ in figures)																																					
	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.

MANKIND PHARMA LIMITED

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