

COMMON BID
REVISION FORM

To,
The Board of Directors
MANKIND PHARMA LIMITED

MANKIND PHARMA LIMITED - INITIAL PUBLIC OFFER - R

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

100% BOOK BUILT OFFER

ISIN: INE634S01028

LEI: 33580067G8AZ7S8NYA02

FOR RESIDENT INDIANS, INCLUDING RESIDENT QIBS,
NON-INSTITUTIONAL INVESTORS, RETAIL INDIVIDUAL
INVESTORS AND ELIGIBLE NRIS APPLYING ON A
NON-REPATRIATION BASIS

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		

PLEASE CHANGE MY BID

Bid Options	No. of Equity Shares Bid (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)												
	(In Figures)								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	1				
Option 1																					<input type="checkbox"/>
(OR) Option 2																					<input type="checkbox"/>
(OR) Option 3																					<input type="checkbox"/>

5. TO (REVISED BID) (ONLY RETAIL INDIVIDUAL BIDDERS CAN BID AT "CUT-OFF")

Bid Options	No. of Equity Shares Bid (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)												
	(In Figures)								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	1				
Option 1																					<input type="checkbox"/>
(OR) Option 2																					<input type="checkbox"/>
(OR) Option 3																					<input type="checkbox"/>

6. PAYMENT DETAILS [IN CAPITAL LETTERS]

PAYMENT OPTION : FULL PAYMENT ☒

Additional 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 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 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 THE BID REVISION FORM GIVEN OVERLEAF.

7A. SIGNATURE OF SOLE/ FIRST BIDDER Date : _____, 2023	7B. 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) _____	MEMBER OF THE SYNDICATE / SUB - SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchange system)

TEAR HERE

	MANKIND PHARMA LIMITED BID REVISION FORM - INITIAL PUBLIC OFFER - R	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																					
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Additional 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 - BID REVISION FORM - INITIAL PUBLIC OFFER - R	Option 1	Option 2	Option 3	Stamp & Signature of Member 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./UPI ID _____ Bank Name & Branch _____					Acknowledgement Slip for Bidder _____ _____ _____ _____	
Important Note : Application made using third party UPI ID or ASBA Bank A/c are liable to be rejected.					Bid cum Application Form No.	