

**COMMON BID
REVISION 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

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

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

**Bid cum
Application
Form No.**

MEMBER OF THE SYNDICATE'S STAMP & CODE	SUB-SYNDICATE MEMBER/ REGISTERED BROKER/ SCSB/CDP/RTA STAMP & CODE
SUB-BROKER'S / SUB-AGENT'S STAMP & CODE	SCSB BRANCH STAMP & CODE
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.

1. NAME & CONTACT DETAILS OF SOLE / FIRST BIDDER	
Mr. /Ms./M/s. _____	
Address _____	
Email _____	
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	
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																					
(OR) Option 2																					
(OR) Option 3																					

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																					
(OR) Option 2																					
(OR) Option 3																					

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	_____	
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	7B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)	MEMBER OF THE SYNDICATES / 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) _____	
Date : _____, 2023	3) _____	

TEAR HERE

	MANKIND PHARMA LIMITED	Acknowledgement Slip for Member of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent	Bid cum Application Form No.
BID REVISION FORM - INITIAL PUBLIC OFFER - NR			

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

TEAR HERE

MANKIND PHARMA LIMITED - BID REVISION FORM - 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 (₹)	_____	_____			_____
	Additional Amount Blocked (₹ in figures)	_____	_____			_____
ASBA Bank A/c No./UPI ID					Acknowledgement Slip for Bidder	
Bank Name & Branch						
Important Note : Application made using third party UPI ID or ASBA Bank A/c are liable to be rejected.					Bid cum Application Form No.	