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PLEASE FILL IN BLOCK LETTERS

COMMON BID CUM  
APPLICATION FORM

To,  
The Board of Directors  
**NAZARA TECHNOLOGIES LIMITED**

## NAZARA TECHNOLOGIES LIMITED - INITIAL PUBLIC OFFER - R

Registered Office and Corporate Office: 51-57, Maker Chambers 3, Nariman Point, Mumbai 400 021, Maharashtra, India; Tel: +91 22 4033 0800  
Website: www.nazara.com; Contact Person: Pratibha Mishra, Company Secretary and Compliance Officer; E-mail: cs@nazara.com,  
Corporate Identity Number: U72900MH1999PLC122970

FOR RESIDENT INDIAN INVESTORS INCLUDING  
RESIDENT QIBs, NON-INSTITUTIONAL BIDDERS,  
RETAIL INDIVIDUAL BIDDERS AND ELIGIBLE NRIs  
APPLYING ON A NON-REPATRIATION BASIS

**100% BOOK BUILT OFFER**  
**ISIN : INE418L01021**

**Bid cum  
Application  
Form No.**

MEMBERS OF THE SYNDICATE STAMP & CODE		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"/> Bodies 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 <input type="checkbox"/> (Non repatriation basis) <input type="checkbox"/> All entities other than QIBs, Bodies <input type="checkbox"/> Corporates 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 (ONLY RETAIL INDIVIDUAL BIDDERS CAN BID AT "CUT-OFF")															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 (₹)/ "Cut-off" (Price in multiples of ₹ 1 only) (In Figures only)										"Cut-off" (Please tick)
	8	7	6	5	4	3	2	1	Bid Price		Retail Discount		Net Price		<input type="checkbox"/> Retail Individual Bidder <input type="checkbox"/> Non-Institutional Bidder <input type="checkbox"/> QIB				
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 OFFERS ("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 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)										MEMBERS OF THE SYNDICATE / SUB-SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchange system)									
_____ _____ _____ Date : _____, 2021										I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer.																			
										1) _____																			
										2) _____																			
										3) _____																			

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NAZARA TECHNOLOGIES LIMITED

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.**

DPID / CLID										PAN of Sole / First Bidder									
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									

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

NAZARA TECHNOLOGIES LIMITED

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