

COMMON BID CUM APPLICATION FORM	BITES LIMITED - INITIAL PUBLIC OFFER - R Registered Office: BITES Limited, Scope Minar, Laxmi Nagar, Delhi - 110 092, India; Corporate Office: BITES Bhavan, No. 1, Sector 29, Gurugram, Haryana, India-122001. Registered Office: Telephone: +91 11 22024610; Fax: +91 11 22024660; Corporate Office: Telephone: +91 124 2571665; Fax: +91 124 2571187 E-mail: cs@rites.com; Website: www.ritesltd.com; CIN: U74899DL1974GOI007227	FOR RESIDENT INDIAN BIDDERS INCLUDING RESIDENT QIBS, NON INSTITUTIONAL BIDDERS AND ELIGIBLE NRIS APPLYING ON A NON REPATRIATION OTHER THAN ELIGIBLE EMPLOYEES BIDDING IN THE EMPLOYEE RESERVATION PORTION
	To, The Board of Directors BITES LIMITED	100% BOOK BUILT OFFER ISIN - INE320J01015

MEMBER OF SYNDICATE STAMP & CODE 	BROKER'S / SCSB / CDP / RTA STAMP & CODE 	1. NAME & CONTACT DETAILS OF SOLE/FIRST BIDDER Mr. /Ms. /M/s. _____ _____ _____ Age _____ Address _____ _____ Email _____ Tel. No (with STD code) / Mobile _____
SUB-BROKER'S / SUB-AGENT'S STAMP & CODE 	SCSB BRANCH STAMP & CODE 	2. PAN OF SOLE/FIRST BIDDER _____
BANK BRANCH SERIAL NO. 	SCSB SERIAL NO. 	

3. BIDDER'S DEPOSITORY ACCOUNT DETAILS	<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL
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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)												<input type="checkbox"/> Retail Individual Bidder <input type="checkbox"/> Non Institutional Bidder <input type="checkbox"/> QIB	
									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. INVESTOR STATUS	
<input type="checkbox"/> *Hindu Undivided Category <input type="checkbox"/> Non-Resident Indians (Non-Repatriation basis) <input type="checkbox"/> National Investment Fund <input type="checkbox"/> Insurance Fund <input type="checkbox"/> Venture Capital Fund <input type="checkbox"/> Alternative Investment Fund <input type="checkbox"/> Individual(s) <input type="checkbox"/> Bodies Corporate <input type="checkbox"/> Banks & Financial Institutions <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Insurance Companies <input type="checkbox"/> Systemically Important NBFC <input type="checkbox"/> Other QIB <input type="checkbox"/> All entities other than QIBs, Bodies Corporates and Individuals	- HUF - NRI - NIF - IF - VCF - AIF - IND - CO - FI - MF - IC - NBFC - OTH - NOH

*HUF should apply only through Karta (Application by HUF would be treated on par with individual).

7. PAYMENT DETAILS	PAYMENT OPTION : Full Payment
Amount Blocked (₹ in Figures) _____ (₹ in words) _____ ASBA Bank A/c No. _____ Bank Name & Branch _____	

I/WE (ON BEHALF OF JOINT APPLICANTS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS BID CUM APPLICATION FORM AND THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT ("GID") FOR INVESTING IN PUBLIC OFFERS AND HEREBY AGREE AND CONFIRM THE 'BIDDERS UNDERTAKING' AS GIVEN OVERLEAF. I/WE (ON BEHALF OF JOINT APPLICANTS, 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: _____, 2018	8 B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS) I/We authorize the SCSB to do all acts as are necessary to make the Application in the Offer 1) _____ 2) _____ 3) _____	MEMBER OF SYNDICATE/ REGISTERED BROKER / SCSB / CDP / RTA STAMP (Acknowledging upload of Bid in Stock Exchange system)
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TEAR HERE

BITES LIMITED - INITIAL PUBLIC OFFER - R	Acknowledgement Slip for Member of Syndicate/Registered Broker/SCSB/CDP/RTA	Bid Cum Application Form No.
PAN of Sole / First Bidder _____		
DPID/CLID _____	Amount Blocked (₹ in figures) _____ Bank & Branch _____ Received from Mr./Ms./M/s. _____ Telephone / Mobile _____	ASBA Bank A/c No. _____ Stamp & Signature of SCSB Branch _____
Email _____		

TEAR HERE

BITES LIMITED - INITIAL PUBLIC OFFER - R	Option 1	Option 2	Option 3	Stamp & Signature of Member of Syndicate / Registered Broker / SCSB / CDP / RTA	Name of Sole / First Bidder
	No. of Equity Shares				
	Bid Price				
	Amount Blocked (₹)				
	ASBA Bank A/c No.:				
Bank & Branch:				Acknowledgment Slip for Bidder	Bid Cum Application Form No.