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PLEASE FILL IN BLOCK LETTERS

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COMMON BID CUM
APPLICATION FORM

SAHANA SYSTEM LIMITED - INITIAL PUBLIC OFFER - R
 Registered office: 901-A-Block, Mondeal Square, Nr. Iseon Elegance, S.G. Highway, Prahladnagar, Ahmedabad-380015.
 Tel: +91-79-46014490; E-mail: cs@sahanasystem.com; Website: www.sahanasystem.com ;
 Contact Person: Khushbu Ankittumar Dalwadi, Company Secretary and Compliance Officer
 Corporate Identification Number: U72500GJ2020PLC112865

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

To,
 The Board of Directors
SAHANA SYSTEM LIMITED

100% BOOK BUILT ISSUE
ISIN: INE0LEX01011

**Bid cum
 Application
 Form No.**

MEMBERS OF THE SYNDICATE 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		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												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 (Non-repatriation basis) <input type="checkbox"/> All entities other than QIBs, Bodies Corporate 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												<input type="checkbox"/> Retail Individual Bidder <input type="checkbox"/> Non-Institutional Bidder <input type="checkbox"/> QIB													
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)																
									Bid Price				Retail Discount				Net Price				"Cut-off" (Please ✓ tick)				
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												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)											
												I/We authorise the SCSB to do all acts as are necessary to make the application in the Issue.																							
												1) _____																							
												2) _____																							
												3) _____																							
Date : _____, 2023																																			

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SAHANA SYSTEM LIMITED												Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent												Bid cum Application Form No.											
INITIAL PUBLIC OFFER - R																																			
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 _____																							

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SAHANA SYSTEM LIMITED - INITIAL PUBLIC OFFER - R												Name of Sole / First Bidder											
Option 1																							
Option 2																							
Option 3																							
No. of Equity Shares												Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent											
Bid Price (₹)																							
Amount Blocked (₹ in figures)																							
ASBA Bank A/c No./UPI ID _____												Acknowledgement Slip for Bidder											
Bank Name & Branch _____												Bid cum Application Form No.											
Important Note : Application made using third party UPI ID or ASBA Bank A/c are liable to be rejected.												SAHANA SYSTEM LIMITED											
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