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PLEASE FILL IN BLOCK LETTERS

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SYNDICATE ASBA FORM

COMMON BID CUM APPLICATION FORM

SAHANA SYSTEM LIMITED - INITIAL PUBLIC OFFER - R

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

FOR RESIDENT INDIAN INVESTORS INCLUDING RESIDENT QIBs, NON-INSTITUTIONAL BIDDERS, AND ELIGIBLE NRIs APPLYING ON A NON-REPATRIATION BASIS, FOR BID SIZE ABOVE INR 5,00,000



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. _____	
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 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													
4. BID OPTIONS				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 (₹) (Price in multiples of ₹ 1 only) (In Figures only)											
		Bid Price			Retail Discount			Net Price			(Please ✓/tick)		
	8 7 6 5 4 3 2 1	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"/>

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 _____			

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 ABBRIDGED 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)	
		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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SYNDICATE ASBA FORM

SAHANA SYSTEM LIMITED		Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / 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.		Stamp & Signature of SCSB Branch	
Bank Name & Branch					
Received from Mr./Ms./M/s.					
Telephone / Mobile		Email			

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SYNDICATE ASBA FORM

SAHANA SYSTEM LIMITED - INITIAL PUBLIC OFFER - R		Option 1		Option 2		Option 3		Stamp & Signature of Members 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)											
ASBA Bank A/c No.											
Bank Name & Branch											
Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.											
SAHANA SYSTEM LIMITED										1	

SYNDICATE ASBA FORM

COMMON BID
REVISION FORM

SAHANA SYSTEM LIMITED - INITIAL PUBLIC OFFER - R

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

FOR RESIDENT INDIAN INVESTORS INCLUDING RESIDENT
QIBs, NON-INSTITUTIONAL BIDDERS,
AND ELIGIBLE NRIs APPLYING ON A NON-REPATRIATION
BASIS, FOR BID SIZE ABOVE INR 5,00,000



To,
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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
		For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID

PLEASE CHANGE MY BID

4. FROM (AS PER LAST BID OR REVISION)																				
Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) (Price in multiples of ₹ 1/- only)											
	(In Figures)								(In Figures Only)											
	8	7	6	5	4	3	2	1	Bid Price			Retail Discount			Net Price			(Please ✓ tick)		
Option 1									3	2	1	3	2	1	3	2	1	<input type="checkbox"/>		
(OR) Option 2																		<input type="checkbox"/>		
(OR) Option 3																		<input type="checkbox"/>		

5. TO (REVISED BID)																				
Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) (Price in multiples of ₹ 1/- only)											
	(In Figures)								(In Figures Only)											
	8	7	6	5	4	3	2	1	Bid Price			Retail Discount			Net Price			(Please ✓ tick)		
Option 1									3	2	1	3	2	1	3	2	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 <input checked="" type="checkbox"/>									
Amount Blocked (₹ in figures) _____										(₹ in words) _____									
ASBA Bank A/c No. _____																			
Bank Name & Branch _____																			

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 ISSUES ("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)	
Date : _____, 2023		I/We authorise the SCSB to do all acts as are necessary to make the application in the Issue.	
		1) _____	
		2) _____	
		3) _____	

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SYNDICATE ASBA FORM

SAHANA SYSTEM LIMITED		Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / CDP / RTA / Agent		Bid cum Application Form No.	
BID REVISION FORM - INITIAL PUBLIC OFFER - R					
DP ID / CL ID		PAN of Sole / First Bidder			
Additional Amount Blocked (₹ in figures)		ASBA Bank A/c No.		Stamp & Signature of SCSB Branch	
Bank Name & Branch					
Received from Mr./Ms./M/s. _____					
Telephone / Mobile _____		Email _____			

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SYNDICATE ASBA FORM

SAHANA SYSTEM LIMITED - BID REVISION FORM - 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 (₹)			
Additional Amount Blocked (₹ in figures)			
ASBA Bank A/c No.		Acknowledgement Slip for Bidder	
Bank Name & Branch		Bid cum Application Form No.	

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