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PLEASE FILL IN BLOCK LETTERS

SYNDICATE ASBA FORM

COMMON BID CUM APPLICATION FORM

SANGANI HOSPITALS LIMITED - INITIAL PUBLIC OFFER - NR
Registered office: Samath Society, Opp. S. T. KSD T. Village - Keshod, Taluka - Keshod, Junagadh - 362220, Gujarat, India, Tel: 02871-23 5900;
E-mail: es@sanganihospitals.com, Website: www.sanganihospitals.com, Contact Person: Gaurav Patadia, Company Secretary and Compliance Officer
Corporate Identification Number: U85300GJ2021PLC127189

FOR NON-RESIDENTS, INCLUDING ELIGIBLE NRIs, FPIs, FVCI AND REGISTERED MULTI LATERAL AND BILATERAL DEVELOPMENT FINANCIAL INSTITUTIONS ETC. APPLYING ON A REPATRIATION BASIS FOR BID SIZE ABOVE INR 5,00,000



To,
The Board of Directors
SANGANI HOSPITALS LIMITED

100% BOOK BUILT ISSUE

ISIN: INE0OV101010

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	
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.	
2. PAN OF SOLE / FIRST BIDDER _____		

3. BIDDER'S DEPOSITORY ACCOUNT DETAILS

☐ NSDL ☐ CDSL

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

4. BID OPTIONS

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)												(Please ✓/tick)
										Bid Price			Retail Discount			Net Price						
	8	7	6	5	4	3	2	1	3	2	1	3	2	1								
Option 1																						
(OR) Option 2																						
(OR) Option 3																						

5. CATEGORY

☐ Non-Institutional Bidder
☐ QIB

6. INVESTOR STATUS

☐ Non-Resident Indian(s) (Repatriation basis) - NRI
☐ Registered Bilateral and Multilateral Development Financial Institutions - RBM
☐ Foreign Venture Capital Investor - FVCI
☐ Foreign Portfolio Investor - FPI
☐ All entities other than QIBs, Bodies Corporate and Individuals - NOH
☐ Other - OTH

7. PAYMENT DETAILS [IN CAPITAL LETTERS]

PAYMENT OPTION : FULL PAYMENT ☒

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

Date : _____, 2023

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) _____

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SYNDICATE ASBA FORM



SANGANI HOSPITALS LIMITED

INITIAL PUBLIC OFFER - NR

Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / CDP / RTA / Agent

Bid cum Application Form No.

PAN of Sole / First Bidder

DP ID / CL ID	_____	ASBA Bank A/c No.	_____	Stamp & Signature of SCSB Branch
Amount blocked (₹ in figures)	_____	Bank Name & Branch	_____	Acknowledgement Slip for Bidder Bid cum Application Form No. _____
Received from Mr./Ms./M/s.	_____	Telephone / Mobile	_____	
Email	_____			

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SYNDICATE ASBA FORM

SANGANI HOSPITALS LIMITED - INITIAL PUBLIC OFFER

	Option 1	Option 2	Option 3
No. of Equity Shares	_____	_____	_____
Bid Price (₹)	_____	_____	_____
Amount Blocked (₹ in figures)	_____		
ASBA Bank A/c No.	_____		
Bank Name & Branch	_____		

Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent

Name of Sole / First Bidder

Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.

SANGANI HOSPITALS LIMITED

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SYNDICATE ASBA FORM

COMMON BID REVISION FORM

SANGANI HOSPITALS LIMITED - INITIAL PUBLIC OFFER - NR

Registered office: Samath Society, Opp. S. T. KSD T. Village - Keshod, Taluka - Keshod, Junagadh - 362220 Gujarat, India. Tel: 02871-23 5900.
E-mail: cs@sanganihospitals.com, Website: www.sanganihospitals.com, Contact Person: Gaurav Patadia, Company Secretary and Compliance Officer
Corporate Identification Number: U85300GJ2021PLC127189

FOR NON-RESIDENTS, INCLUDING ELIGIBLE NRIs, FPIs, FVCI AND REGISTERED MULTI LATERAL AND BILATERAL DEVELOPMENT FINANCIAL INSTITUTIONS ETC. APPLYING ON A REPATRIATION BASIS FOR BID SIZE ABOVE INR 5,00,000



To,
The Board of Directors
SANGANI HOSPITALS LIMITED

100% BOOK BUILT ISSUE
ISIN: INE0OVI01010

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	
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.	
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 (₹) (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"/>

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 ABBRIDGED 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

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

SANGANI HOSPITALS LIMITED - BID REVISION FORM - INITIAL PUBLIC OFFER - NR		REVISIED BID		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 (₹) _____		Additional Amount Blocked (₹ in figures) _____		ASBA Bank A/c No. _____	
Bank Name & Branch _____						Acknowledgement Slip for Bidder	
Bid cum Application Form No. _____							

Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.