

SYNDICATE ASBA FORM

COMMON BID CUM APPLICATION FORM

SANGANI HOSPITALS LIMITED - INITIAL PUBLIC OFFER - R
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 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
SANGANI HOSPITALS LIMITED

100% BOOK BUILT ISSUE
ISIN: INE00VI01010

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		5. CATEGORY <input type="checkbox"/> Non-Institutional Bidder <input type="checkbox"/> QIB																																																																																																																					
4. BID OPTIONS <table border="1"> <thead> <tr> <th rowspan="2">Bid Options</th> <th colspan="8">No. of Equity Shares Bid (In Figures) (Bids must be in multiples of Bid Lot as advertised)</th> <th colspan="12">Price per Equity Share (₹) (Price in multiples of ₹ 1 only) (In Figures only)</th> </tr> <tr> <th colspan="8"></th> <th colspan="4">Bid Price</th> <th colspan="4">Retail Discount</th> <th colspan="4">Net Price</th> <th rowspan="2">(Please ✓/tick)</th> </tr> <tr> <th></th> <th>8</th><th>7</th><th>6</th><th>5</th><th>4</th><th>3</th><th>2</th><th>1</th> <th>3</th><th>2</th><th>1</th> <th>3</th><th>2</th><th>1</th> <th>3</th><th>2</th><th>1</th> <th></th> </tr> </thead> <tbody> <tr> <td>Option 1</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(OR) Option 2</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(OR) Option 3</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			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		Option 1																		<input type="checkbox"/>	(OR) Option 2																		<input type="checkbox"/>	(OR) Option 3																	
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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 _____ <small>*HUF should apply only through Karta (Application by HUF would be treated on par with individual).</small>																																																																																																																							

7. PAYMENT DETAILS [IN CAPITAL LETTERS] Amount blocked (₹ in figures) _____ (₹ in words) _____ ASBA Bank A/c No. _____ Bank Name & Branch _____		PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/>
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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 - R	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 _____	
Amount blocked (₹ in figures) _____ ASBA Bank A/c No. _____ Bank Name & Branch _____	Stamp & Signature of SCSB Branch _____	
Received from Mr./Ms./M/s. _____ Telephone / Mobile _____ Email _____		

SYNDICATE ASBA FORM

SANGANI HOSPITALS LIMITED - INITIAL PUBLIC OFFER - R	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 _____ 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.			SANGANI HOSPITALS LIMITED 1

SYNDICATE ASBA FORM

**COMMON BID
REVISION FORM**

SANGANI HOSPITALS LIMITED - INITIAL PUBLIC OFFER - R
Registered office: Sainath 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 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
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**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	
				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)										Price per Equity Share (₹) (Price in multiples of ₹ 1/- only)									
Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)									(In Figures Only)									
	(In Figures)									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		
Option 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	3	2	1	3	2	1	3	2	1	(Please ✓ tick)	
Option 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) _____	

TEAR HERE

SYNDICATE ASBA FORM

SANGANI HOSPITALS 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			

TEAR HERE

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SANGANI HOSPITALS LIMITED - BID REVISION FORM - INITIAL PUBLIC OFFER - R		Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent		Name of Sole / First Bidder	
	Option 1	Option 2	Option 3		
No. of Equity Shares					
Bid Price (₹)					
Additional Amount Blocked (₹ in figures)				Acknowledgement Slip for Bidder	
ASBA Bank A/c No.					
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