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COMMON BID CUM APPLICATION FORM

SERVICE CARE LIMITED - INITIAL PUBLIC ISSUE - NR

Registered office: No. 653, 1st Floor, 2nd Main Road Domlur Layout, Bangalore, Karnataka – 560071.
Website: www.servicecare.in; E-Mail: compliance@servicecare.in; Telephone No: +91-80-25354728 / 25354729;
Company Secretary and Compliance Officer: Mrs. Sharvari Sham Kulkarni
CIN: U74900KA2011PLC058639

FOR NON-RESIDENTS, INCLUDING ELIGIBLE NRIs, FPIs, FVCI and REGISTERED MULTI LATERAL AND BILATERAL DEVELOPMENT FINANCIAL INSTITUTIONS ETC. APPLYING ON A REPATRIATION BASIS

ServiceCare

Integrating Services

To,
The Board of Directors
SERVICE CARE LIMITED

100% BOOK BUILT ISSUE

ISIN : INE0P1Q01015

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

4. BID OPTIONS (ONLY RETAIL INDIVIDUAL BIDDERS CAN BID AT "CUT-OFF")												5. CATEGORY		6. INVESTOR STATUS	
Bid Options	No. of Equity Shares Bid (In Figures) (Bids must be in multiples of 2000 Equity Shares)							Price per Equity Share (₹) / "Cut-off" (Price in multiples of ₹ 1 only) (In Figures only)					<input type="checkbox"/> Retail Individual Bidder <input type="checkbox"/> Non-Institutional Bidder <input type="checkbox"/> QIB	<input type="checkbox"/> Non-Resident Indian(s) (Repatriation basis) - NRI <input type="checkbox"/> Registered Bilateral and Multilateral Development Financial Institutions - RBM <input type="checkbox"/> Foreign Venture Capital Investor - FVCI <input type="checkbox"/> Foreign Portfolio Investor - FPI <input type="checkbox"/> All entities other than QIBs, Bodies Corporate and Individuals - NOH <input type="checkbox"/> Other - OTH	
Option 1															
(OR) Option 2															
(OR) Option 3															

Please note that applications must be made in minimum of 2000 Equity Shares and further multiples of 2000 Equity Shares accordingly.

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 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)										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) _____												
Date : _____, 2023													

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INITIAL PUBLIC ISSUE - NR

Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / 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./UPI ID _____

Bank Name & Branch _____

Stamp & Signature of SCSB Branch _____

Received from Mr./Ms./M/s. _____

Telephone / Mobile _____ Email _____

SERVICE CARE LIMITED - INITIAL PUBLIC ISSUE - NR		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./UPI ID _____					
Bank Name & Branch _____					Acknowledgement Slip for Bidder	
Important Note : Application made using third party UPI ID or ASBA Bank A/c are liable to be rejected.					Bid cum Application Form No. _____	