

**COMMON BID
REVISION 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



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		

PLEASE CHANGE MY BID

4. FROM (AS PER LAST BID OR REVISION)																					
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)												
	(In Figures)								Bid Price				Retail Discount				Net Price				"Cut-off" (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) (ONLY RETAIL INDIVIDUAL BIDDERS CAN BID AT "CUT-OFF")																					
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)												
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	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"/>

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

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 _____																			
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 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 _____ Date : _____, 2023	7B. 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) _____	MEMBERS OF THE SYNDICATE / SUB - SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchange system) _____
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TEAR HERE

SERVICE CARE LIMITED BID REVISION FORM - 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 _____	
Additional 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 _____	

TEAR HERE

SERVICE CARE LIMITED- INITIAL REVISION FORM - INITIAL PUBLIC ISSUE - NR	<table border="1"> <tr> <th></th> <th>Option 1</th> <th>Option 2</th> <th>Option 3</th> </tr> <tr> <td>No. of Equity Shares</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bid Price (₹)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Additional Amount Blocked (₹ in figures)</td> </tr> </table>		Option 1	Option 2	Option 3	No. of Equity Shares				Bid Price (₹)				Additional Amount Blocked (₹ in figures)				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)																			
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.																

TEAR HERE - PLEASE FILL IN BLOCK LETTERS - TEAR HERE