

TEAR HERE

PLEASE FILL IN BLOCK LETTERS

COMMON APPLICATION FORM	SRIVASAVI ADHESIVE TAPES LIMITED - INITIAL PUBLIC OFFER - R Registered Office: No. B-100, KSSIDC Industrial Estate, Doddaballapur, Bangalore 561 203, Karnataka, India.; Corporate Office: 17/2, 2nd Floor, Kodigehalli Main Road, Sahakurnagar, Bangalore - 560 092 Karnataka, India.; Tel: 08023629383; E-mail: investors@vasavitapes.com; Website: www.vasavitapes.com; Contact Person: Nikhil Jain, Company Secretary and Compliance Officer; CIN: U24295KA2010PLC052908	FOR RESIDENT INDIAN INVESTORS INCLUDING RESIDENT QIBs, NON-INSTITUTIONAL INVESTORS, RETAIL INDIVIDUAL INVESTORS AND ELIGIBLE NRIs APPLYING ON A NON-REPATRIATION BASIS
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 Srivasavi Tapes	To, The Board of Directors SRIVASAVI ADHESIVE TAPES LIMITED	100% FIXED PRICE SME ISSUE ISIN : INE0NPI01014	Application Form No.
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SYNDICATE MEMBERS' STAMP & CODE	REGISTERED BROKER/SCSB/CDP/RTA STAMP & CODE	1. NAME & CONTACT DETAILS OF SOLE / FIRST APPLICANT 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.	


3. APPLICANT'S DEPOSITORY ACCOUNT DETAILS <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL	6. INVESTOR STATUS
(For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID) Cut off Price of Rs. 41/-	<input type="checkbox"/> Individual(s) - IND <input type="checkbox"/> Hindu Undivided Family - HUF* <input type="checkbox"/> Body Corporate(s) - 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, Body Corporates and Individuals - NOH Please Specify _____ <small>*HUF should apply only through Karta (Application by HUF would be treated on par with individual).</small>

4. APPLICATION OPTIONS (ONLY RETAIL INDIVIDUAL INVESTORS CAN APPLY AT "CUT-OFF")												5. CATEGORY									
Application Options	No. of Equity Shares Applied (In Figures) (Applications must be in multiples of Application Lot as advertised)							Price per Equity Share (₹) / "Cut-off" (Price in multiples of ₹ 1 only) (In Figures only)					"Cut-off" (Please ✓ tick)								
	8	7	6	5	4	3	2	1	Application Price			Retail Discount			Net Price						
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 type="checkbox"/> PART 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 APPLICANTS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS COMMON APPLICATION FORM, THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC ISSUES ("GID") AND HEREBY AGREE AND CONFIRM THE APPLICANT'S UNDERTAKING AS GIVEN OVERLEAF. I/WE (ON BEHALF OF JOINT APPLICANTS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THE COMMON APPLICATION FORM GIVEN OVERLEAF.

8A. SIGNATURE OF SOLE / FIRST APPLICANT	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 Application in Stock Exchange System)
Date : _____, 2023	I/We authorise the SCSB to do all acts as are necessary to make the application in the Issue. 1) _____ 2) _____ 3) _____	

 Srivasavi Tapes	SRIVASAVI ADHESIVE TAPES LIMITED INITIAL PUBLIC OFFER - R	Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent	Application Form No.
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DPID / CLID	PAN of Sole / First Applicant												
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												

SRIVASAVI ADHESIVE TAPES 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 Applicant
	No. of Equity Shares				
	Application Price				
	Amount Blocked (₹ in figures)				
ASBA Bank A/c No./UPI ID			Acknowledgement Slip for Applicant		Application Form No.
Bank Name & Branch					

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