



**FOR ELIGIBLE EMPLOYEES
BIDDING IN THE EMPLOYEE
RESERVATION PORTION**

100% BOOK BUILT OFFER
ISIN : INE575P01011

**Bid cum
Application
Form No.**

SYNDICATE MEMBER'S STAMP & CODE	REGISTERED BROKER / SCSB / CDP / RTA STAMP & CODE
SUB-BROKER'S / SUB-AGENT'S STAMP & CODE	SCSB BRANCH STAMP & CODE
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.

1. NAME & CONTACT DETAILS OF SOLE / FIRST BIDDER															
Mr. /Ms.															
Address															
Email															
Tel. No. (with STD code) / Mobile															
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. FROM (AS PER LAST BID OR REVISION)

Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹)/ "Cut-off" (Price in multiples of ₹ 1/- only)											
	(In Figures)								(In Figures Only)											
									Bid Price			Employee Discount, if any			Net Price			"Cut-off" (Please ✓ tick)		
	8	7	6	5	4	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) (ELIGIBLE EMPLOYEES BIDDERS CAN BID AT "CUT-OFF")																		
Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) / "Cut-off" (Price in multiples of ₹ 1/- only)									
									(In Figures Only)									
	(In Figures)								Bid Price			Employee Discount, if any			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"/>

6. PAYMENT DETAILS [IN CAPITAL LETTERS]										PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/>																													
Additional Amount Blocked (₹ in figures) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> (₹ in words) _____																																							
ASBA																																							
Bank A/c No.										<table border="1" style="width: 100%; height: 20px;"> <tr> <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><td></td><td></td> </tr> </table>																													
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 REVISION FORM AND THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC OFFERS ("GID") AND HEREBY AGREE AND CONFIRM THE 'BIDDERS 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 REVISION FORM GIVEN OVERLEAF.

7A. SIGNATURE OF SOLE/ FIRST BIDDER	7B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(s) (AS PER BANK RECORDS)	SYNDICATE MEMBER / SUB-SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA/STAMP (Acknowledging upload of Bid in Stock Exchange system)
Date : _____, 2021	I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer.	
	1) _____	
	2) _____	
	3) _____	

TEAR HERE



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

**INITIAL PUBLIC OFFER - ELIGIBLE EMPLOYEES BIDDING
IN THE EMPLOYEE RESERVATION PORTION**

**Acknowledgement Slip for
Syndicate Member/Registered
Broker/SCSB/CDP/RTAs/
Sub-Syndicate Member/Agents**

**Bid cum
Application
Form No.**

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TEAR HERE



	Option 1	Option 2	Option 3	Stamp & Signature of Syndicate Member/Registered Broker/SCSB/CDP/RTAs/Sub-Syndicate Member/Agents
No. of Equity Shares				
Bid Price				
Additional Amount Blocked (₹ in figures)				

Name of Sole / First Bidder

Acknowledgement Slip for Bidder

ASBA Bank A/c No. _____	Bank Name & Branch _____
Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.	

Bid cum Application Form No.

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

