


TEAR HERE

PLEASE FILL IN BLOCK LETTERS



To,
The Board of Directors
STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

100% BOOK BUILT OFFER
ISIN : INE575P01011
LEI No.: 335800P3BYVJE1S5SB43

Bid cum Application Form No.

MEMBERS OF THE SYNDICATE STAMP & CODE	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 ☐ NSDL ☐ CDSL

For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID

Bid Options	No. of Equity Shares Bid (In Figures) (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)												"Cut-off" (Please tick)			
		Bid Price										Retail Discount			Net Price		
		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. CATEGORY
☐ Retail Individual Bidder
☐ Non-Institutional Bidder
☐ QIB

6. INVESTOR STATUS
☐ Non-Resident Indian(s) (Repatriation basis) - NRI
☐ Registered Bilateral and Multilateral Development Financial Institutions - RBM
☐ Foreign Venture Capital Investor - FVCI
☐ Foreign Portfolio Investor - FPI
☐ All entities other than QIBs, Bodies Corporate and Individuals - NOH
☐ Other QIBs - OTH

7. PAYMENT DETAILS [IN CAPITAL LETTERS]

PAYMENT OPTION : FULL PAYMENT ☒


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 OFFERS ("GID") AND HEREBY AGREE AND CONFIRM THE "BIDDER'S UNDERTAKING" AS GIVEN OVERLEAF. IF I/WE HAVE APPLIED FOR 1% OR MORE BUT LESS THAN 5% OF THE POST-OFFER PAID UP EQUITY SHARE CAPITAL OF THE COMPANY, THEN I/WE HEREBY CONFIRM AND CERTIFY THAT I/WE ARE SATISFYING THE "FIT AND PROPER" CRITERIA AS SET BY THE COMPANY AND AS SET OUT IN THE SECTION "OFFER PROCEDURE" ON PAGE 423 OF THE RHP.

8A. SIGNATURE OF SOLE / FIRST BIDDER Date : _____, 2021	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 Offer.		
	1) _____		
	2) _____		
	3) _____		

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STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
INITIAL PUBLIC OFFER - NR

Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent

Bid cum Application Form No.

DPID / CLID

Amount blocked (₹ in figures) ASBA Bank A/c No./UPI ID

Bank Name & Branch

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

Telephone / Mobile Email

PAN of Sole / First Bidder

Stamp & Signature of SCSB Branch

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STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED - INITIAL PUBLIC OFFER - 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 Acknowledgement Slip for Bidder Bid cum Application Form No.
	No. of Equity Shares					
	Bid Price					
	Amount Blocked (₹ in figures)					
	ASBA Bank A/c No./UPI ID					
Bank Name & Branch						

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