

**COMMON BID
REVISION FORM**

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

Registered and Corporate Office: No.1, New Tank Street, Valluvarkottam High Road, Nungambakkam, Chennai Tamil Nadu 600 034 India;
Tel: +91 44 2828 8800; Website: www.starhealth.in; Contact Person: Jayashree Sethuraman, Company Secretary and Compliance Officer;
E-mail: investors@starhealth.in; Corporate Identity Number: U66010TN2005PLC056649; IRDAI Registration Number: 129

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
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
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./M/s. _____	
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	

PLEASE CHANGE MY BID

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)											
	8	7	6	5	4	3	2	1	Bid Price			Retail Discount			Net Price			"Cut-off" (Please ✓ tick)		
Option 1									3	2	1	3	2	1	3	2	1	<input type="checkbox"/>		
(OR) Option 2																		<input type="checkbox"/>		
(OR) Option 3																		<input type="checkbox"/>		

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)											
	8	7	6	5	4	3	2	1	Bid Price			Retail Discount			Net Price			"Cut-off" (Please ✓ tick)		
Option 1									3	2	1	3	2	1	3	2	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)	_____	(₹ 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 OFFERS ("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	7B. 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)
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 BID REVISION FORM - 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	_____	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

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED - BID REVISION FORM - 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
	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	Bid cum Application Form No. _____
Important Note : Application made using third party UPI ID or ASBA Bank A/c are liable to be rejected.					