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PLEASE FILL IN BLOCK LETTERS

**COMMON BID CUM APPLICATION FORM**

**STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED - INITIAL PUBLIC OFFER - R**  
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 RESIDENT INDIAN INVESTORS INCLUDING RESIDENT QIBs, NON-INSTITUTIONAL BIDDERS, RETAIL INDIVIDUAL BIDDERS AND ELIGIBLE NRIs APPLYING ON A NON-REPATRIATION BASIS**

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

**100% BOOK BUILT OFFER**  
**ISIN : INE575P01011**  
**LEI No.: 335800P3BYVJE1SSB43**

**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		2. PAN OF SOLE / FIRST BIDDER														
BANK BRANCH SERIAL NO.		SCSB SERIAL NO.																
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. BID OPTIONS (ONLY RETAIL INDIVIDUAL BIDDERS CAN BID AT "CUT-OFF")																		
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)									
Option 1																	5. CATEGORY  <input type="checkbox"/> Retail Individual Bidder  <input type="checkbox"/> Non-Institutional Bidder  <input type="checkbox"/> QIB	
(OR) Option 2																		
(OR) Option 3																		
7. PAYMENT DETAILS [IN CAPITAL LETTERS]																		
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 ABRIDGED 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				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)						
Date : _____, 2021				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 - R**

**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 - R**

	Option 1	Option 2	Option 3
No. of Equity Shares			
Bid Price			
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**

**Acknowledgement Slip for Bidder**

**Bid cum Application Form No.**

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.**