

**COMMON BID  
REVISION FORM**

**THYROCARE TECHNOLOGIES LIMITED - INITIAL PUBLIC OFFER - NR**  
 Registered Office: D/37-1, TTC Industrial Area, MIDC Turbhe, Navi Mumbai 400 703;  
 Tel: (91 22) 2762 2762; Fax: (91 22) 2768 2409; E-mail: ramjee.d@thyrocare.com; Website: www.thyrocare.com;  
 Corporate Identity Number: U83110MH2000PLC123882

**FOR NON-RESIDENTS, INCLUDING  
ELIGIBLE NRIs, FPIs OR FVCIs ETC  
APPLYING ON A REPATRIATION BASIS**

Thyrocare®

TO,  
THE BOARD OF DIRECTORS  
THYROCARE TECHNOLOGIES LIMITED

**BOOK BUILT ISSUE**

**ISIN : INE594H01019**

**Bid cum  
Application  
Form No.**

<b>SYNDICATE MEMBER'S STAMP &amp; CODE</b>	<b>BROKER/SCSB/CDP/RTA STAMP &amp; CODE</b>	<b>1. NAME &amp; CONTACT DETAILS OF SOLE / FIRST BIDDER</b>
		Mr. / Ms./M/s. _____ _____ _____ Address _____ _____ _____ Email _____ Tel. No (with STD code) / Mobile _____
<b>SUB-BROKER'S / SUB-AGENT'S STAMP &amp; CODE</b>	<b>SCSB BRANCH STAMP &amp; CODE</b>	<b>2. PAN OF SOLE / FIRST BIDDER</b>
		_____
<b>BANK BRANCH SERIAL NO.</b>	<b>SCSB SERIAL NO.</b>	<b>3. BIDDER'S DEPOSITORY ACCOUNT DETAILS</b> <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**

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)									
	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	
(OR) Option 2																		<input type="checkbox"/>
(OR) Option 3																		<input type="checkbox"/>
5. TO (Revised Bid) (Only Retail Individual 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)								(In Figures)									
	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	
(OR) Option 2																		<input type="checkbox"/>
(OR) Option 3																		<input type="checkbox"/>

<b>6. PAYMENT DETAILS</b>	<b>PAYMENT OPTION : FULL PAYMENT <input type="checkbox"/> PART PAYMENT <input checked="" type="checkbox"/></b>
Additional Amount Paid (₹ in figures) _____ (₹ in words) _____	

<b>ASBA</b>	
Bank A/c No. _____	
Bank Name & Branch _____	

I/WE (ON BEHALF OF JOINT APPLICANTS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS BID REVISION FORM AND THE ATTACHED ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC ISSUES ("GID") AND HEREBY AGREE AND CONFIRM THE "BIDDERS 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 BID REVISION FORM GIVEN OVERLEAF.

<b>7A. SIGNATURE OF SOLE/ FIRST BIDDER</b>	<b>7B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)</b>	<b>SYNDICATE MEMBER /BROKER / SCSB / CDP / RTA STAMP (Acknowledging upload of Bid in Stock Exchange system)</b>
Date : _____ 2016	I/We authorize the SCSB to do all acts as are necessary to make the Application in the Offer. 1) _____ 2) _____ 3) _____	

TEAR HERE

<b>Thyrocare®</b>	<b>THYROCARE TECHNOLOGIES LIMITED BID REVISION FORM - INITIAL PUBLIC OFFER - NR</b>	<b>Acknowledgement Slip for Syndicate Member/ Broker/SCSB/CDP/RTA</b>	<b>Bid cum Application Form No.</b>
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<b>PAN of Sole / First Bidder</b>	
DPID / CLID _____	
Additional Amount Paid (₹) _____ ASBA Bank A/c No. _____	
Bank & Branch _____	
Received from Mr./Ms./M/s. _____	
Telephone / Mobile _____ Email _____	
Stamp & Signature of SCSB Branch	

TEAR HERE

<b>THYROCARE TECHNOLOGIES LIMITED - BID REVISION FORM - INITIAL PUBLIC OFFER - NR</b>	<table border="1"> <tr> <th></th> <th>Option 1</th> <th>Option 2</th> <th>Option 3</th> </tr> <tr> <td>No. of Equity Shares</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bid Price</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Additional Amount Paid (₹)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ASBA Bank A/c No. _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Bank &amp; Branch _____</td> <td></td> <td></td> <td></td> </tr> </table>		Option 1	Option 2	Option 3	No. of Equity Shares				Bid Price				Additional Amount Paid (₹)				ASBA Bank A/c No. _____				Bank & Branch _____				<b>Stamp &amp; Signature of Syndicate Member / Broker / SCSB / CDP / RTA</b> <b>Name of Sole / First Bidder</b> <b>Acknowledgement Slip for Bidder</b> <b>Bid cum Application Form No.</b>
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