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PLEASE FILL IN BLOCK LETTERS

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COMMON REVISION FORM	VILIN BIO MED LIMITED - INITIAL PUBLIC ISSUE REVISION - NR Registered Office: Sy No.115/GF/J, Hanumanji Colony, Brig Sayeed Road, Bowempally, Secunderabad - 500003, Telangana, India; Tel: +91 40 7961 8843; Website: www.vilinbiomed.co.in; E-mail: cs@vilinbiomed.co.in; Contact Person: Mr. Saket Kansal, Company Secretary and Compliance Officer	FOR NON-RESIDENTS AND ELIGIBLE NRI's, FIIs, FVCIs, ETC. APPLYING ON A REPATRIATION BASIS ISSUE OPENS ON: FRIDAY, JUNE 16, 2023 ISSUE CLOSES ON: WEDNESDAY, JUNE 21, 2023
 To, The Board of Directors VILIN BIO MED LIMITED	FIXED PRICE SME ISSUE ISIN: INE0L4V01013	Application Form No.
SYNDICATE MEMBER'S STAMP & CODE	REGISTERED BROKER/SCSB/CDP/RTA STAMP & CODE	1. NAME & CONTACT DETAILS OF SOLE / FIRST APPLICANT Mr./Ms./M/s. _____ Address _____ Email _____ Tel. No. (with STD code) / Mobile _____
SCSB BRANCH STAMP & CODE	SUB-BROKER'S/SUB-SYNDICATE'S/SUB-AGENT'S STAMP & CODE	2. PAN OF SOLE / FIRST APPLICANT _____
BANK BRANCH STAMP & CODE	REGISTRAR'S/SCSB SERIAL NO.	3. INVESTOR'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 APPLICATION

☐ PHYSICAL

4. FROM (AS PER LAST APPLICATION OR REVISION)																			
Options	No. of Equity Shares applied (Application must be in multiples of 4,000 equity shares)						Price per Equity Share ₹ 30/- (In Figures)												
	(In Figures)						Issue Price			Discount, if any			Net Price						
	7	6	5	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Option 1																			
(OR) Option 2																			
(OR) Option 3																			

5. TO (REVISED APPLICATION)																			
Options	No. of Equity Shares applied (Application must be in multiples of 4,000 equity shares)						Price per Equity Share ₹ 30/- (In Figures)												
	(In Figures)						Issue Price			Discount, if any			Net Price						
	7	6	5	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
Option 1																			
(OR) Option 2																			
(OR) Option 3																			

6. 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 APPLICANTS, 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 THE PUBLIC ISSUE (GID) AND HEREBY AGREE AND CONFIRM THE 'INVESTORS 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 APPLICATION FORM GIVEN OVERLEAF.

7A. SIGNATURE OF SOLE / FIRST APPLICANT	7B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)	REGISTERED BROKER / SCSB / CDP / RTA STAMP (Acknowledging upload of Application in Stock Exchange system)
Date: _____, 2023	I/We authorize the SCSB to do all acts as are necessary to make the Application in the Issue	
	1) _____	
	2) _____	
	3) _____	

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 VILIN BIO MED LIMITED INITIAL PUBLIC ISSUE - REVISION - NR	Acknowledgement Slip for Registered Broker/ SCSB/CDP/RTA	Application Form No.
DP ID / CL ID _____		PAN of Sole / First Applicant _____
Additional Amount Blocked (₹ in figures) _____ Bank Name & Branch _____		SCSB Branch Stamp & Signature
ASBA Bank A/c No./UPI ID _____		
Received from Mr./Ms. _____		
Telephone / Mobile _____	Email _____	

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VILIN BIO MED LIMITED - INITIAL PUBLIC ISSUE REVISION - NR	In Figures	In Words	Stamp & Signature of Registered Broker / SCSB / CDP / RTA	Name of Sole / First Applicant
No. of Equity Shares				
Amount Blocked (₹)				
ASBA Bank A/c No./UPI Id: _____ Bank Name & Branch _____			Acknowledgement Slip for Applicant	
Important Note : Application made using third party UPI Or ASBA Bank A/c are liable to be rejected.			Application Form No.	