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PLEASE FILL IN BLOCK LETTERS

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COMMON REVISION FORM	WOMANCART LIMITED - INITIAL PUBLIC ISSUE - REVISION - NR <small>Registered Office: House No. 57, 3rd Floor, Block F-14, Model Town, New Delhi- 110009, India Tel: +91-9205577453; Fax: N.A., Website: www.womancart.in, E-mail: secretarial@womancart.in Company Secretary and Compliance Officers: Ms. Nimisha Jain CIN: U74999DL2018PLC336138</small>	FOR NON-RESIDENT INCLUDING ELIGIBLE NRIS, FPS OR FVCIS ETC. APPLYING ON A REPATRIATION BASIS
To, The Board of Directors WOMANCART LIMITED		100% FIXED PRICE OFFER ISIN: INE0Q9601016
<div style="display: flex; justify-content: space-between;"> <div> SYNDICATE MEMBER'S STAMP & CODE SCSB BRANCH STAMP & CODE BANK BRANCH SERIAL NO. </div> <div> REGISTERED BROKER/SCSB/CDP/RTA STAMP & CODE SUB-BROKER'S/ SUB-AGENT'S STAMP & CODE SCSB SERIAL NO. </div> </div>		Application Form No. _____ 1. NAME & CONTACT DETAILS OF SOLE / FIRST APPLICANT Mr./Ms./M/s. _____ Address _____ Email _____ Tel. No. (with STD code) / Mobile _____ 2. PAN OF SOLE / FIRST APPLICANT _____ 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 <input type="checkbox"/> PHYSICAL																			
4. FROM (AS PER LAST APPLICATION OR REVISION)																			
Options	No. of Equity Shares applied (Application must be in multiples of 1,600 equity shares)							Price per Equity Share Rs. 86/-											
								(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 1,600 equity shares)							Price per Equity Share Rs. 86/-											
								(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]																			
PAYMENT OPTION : FULL PAYMENT																			
Amount blocked (Rs. in figures) _____ (Rs. 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 THE 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)							SYNDICATE MEMBER/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) _____												

WOMANCART	WOMANCART LIMITED INITIAL PUBLIC ISSUE - REVISION - NR	Acknowledgement Slip for Syndicate Member/ Registered Broker/ SCSB/DP/RTA
Application Form No. _____		Application Form No. _____

DP ID / CL ID		PAN of Sole / First Applicant
Additional Amount Blocked (Rs. in figures)	Bank Name & Branch	SCSB Branch Stamp & Signature <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
ASBA Bank A/c. No./UPI ID		
Received from Mr./Ms./M/s.		
Telephone / Mobile	Email	

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WOMANCART LIMITED - INITIAL PUBLIC ISSUE - REVISION - NR	Stamp & Signature of Syndicate Member/ Registered Broker / SCSB / CDP / RTA	Name of Sole / First Applicant _____ _____ _____											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>In Figures</th> <th>In Words</th> </tr> <tr> <td>No. of Equity Shares</td> <td></td> <td></td> </tr> <tr> <td>Amount Blocked (Rs.)</td> <td></td> <td></td> </tr> </table>		In Figures	In Words	No. of Equity Shares			Amount Blocked (Rs.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>ASBA Bank A/c No./UPI Id: _____</td> </tr> <tr> <td>Bank Name & Branch _____</td> </tr> </table>	ASBA Bank A/c No./UPI Id: _____	Bank Name & Branch _____	<div style="background-color: #e0e0e0; text-align: center; padding: 5px;"> Acknowledgement Slip for Applicant </div>
	In Figures	In Words											
No. of Equity Shares													
Amount Blocked (Rs.)													
ASBA Bank A/c No./UPI Id: _____													
Bank Name & Branch _____													
Important Note : Application made using third party UPI Or ASBA Bank A/c are liable to be rejected.		Application Form No. _____											