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PLEASE FILL IN BLOCK LETTERS

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## SYNDICATE ASBA FORM

### COMMON BID CUM APPLICATION FORM

#### GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED - INITIAL PUBLIC OFFER - NR

Registered Office: Plot No. 1, City Sarve No. 1537/A, Jetalpur Road, Gokak Mill Compound, Alkapuri, Vadodara - 390 020, Gujarat, India

Telephone: +91 265 298 4800; Contact Person: Niki Parekh Tiwari, Company Secretary and Compliance Officer

E-mail: info@gujaratsuperspecialityhospital.com; Website: www.gujaratsuperspecialityhospital.com; Corporate Identity Number: U85300GJ2019PLC111559

FOR NON-RESIDENTS, INCLUDING ELIGIBLE NRIs, FPIs, FVCIS AND REGISTERED MULTI LATERAL AND BILATERAL DEVELOPMENT FINANCIAL INSTITUTIONS, APPLYING ON A REPATRIATION BASIS FOR BID SIZE ABOVE INR 5,00,00,000



To,  
The Board of Directors

GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED

100% BOOK BUILT ISSUE

ISIN: INE0V0W01025

LEI: 335800NVEWHWJDJAPC53

Bid cum  
Application  
Form No.

MEMBERS OF THE SYNDICATE'S STAMP & CODE	SUB-SYNDICATE MEMBERS'/REGISTERED BROKER'S SCSB'S/CDP'S/RTA'S 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	
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.	
		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

4. BID OPTIONS															5. CATEGORY		6. INVESTOR STATUS		
Bid Options	No. of Equity Shares Bid (In Figures) (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) (Price in multiples of ₹ 1 only) (In Figures only)							<input type="checkbox"/> Non-Institutional Bidder  <input type="checkbox"/> QIB	<input type="checkbox"/> Non-Resident Indian(s) (Repatriation basis) - NRI <input type="checkbox"/> Registered Bilateral and Multilateral Development Financial Institutions - RBM <input type="checkbox"/> Foreign Venture Capital Investor - FVCI <input type="checkbox"/> Foreign Portfolio Investor - FPI <input type="checkbox"/> All entities other than QIBs, Bodies Corporate and Individuals - NOH <input type="checkbox"/> Other - OTH		
	8	7	6	5	4	3	2	1	Bid Price			Retail Discount			Net Price			(Please ✓/tick)	
Option 1																			
(OR) Option 2																			
(OR) Option 3																			

7. PAYMENT DETAILS [IN CAPITAL LETTERS]															PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/>				
Amount blocked (₹ in figures) _____ (₹ in words) _____																			
ASBA _____																			
Bank A/c No. _____																			
Bank Name & Branch _____																			
Bank Reference Number _____																			

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. I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THIS COMMON BID CUM APPLICATION FORM GIVEN OVERLEAF.

8A. SIGNATURE OF SOLE/ FIRST BIDDER	8B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) (AS PER BANK RECORDS)	8C. MEMBERS OF THE SYNDICATE / SUB-SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (acknowledging upload of Bid in Stock Exchanges system)
Date : _____, 2025	I/We authorise the SCSB to do all acts as are necessary to make the application in the Issue.	
	1) _____	
	2) _____	
	3) _____	

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## SYNDICATE ASBA FORM



GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED  
INITIAL PUBLIC OFFER - NR

Acknowledgement Slip for  
Members of the Syndicate / Sub-Syndicate  
Member / Registered Broker /  
CDP / RTA / Agents

Bid cum  
Application  
Form No.

DP ID / CL ID	_____	PAN of Sole / First Bidder	_____
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Amount blocked (₹ in figures)	ASBA Bank A/c No.	STAMP & SIGNATURE OF SCSB BRANCH / MEMBERS OF THE SYNDICATE / SUB-SYNDICATE MEMBER / REGISTERED BROKER / CDP / RTA / AGENT
Bank Name & Branch	_____	
Received from Mr./Ms./M/s. _____	_____	
Telephone / Mobile	Email	

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## SYNDICATE ASBA FORM

GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED- 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 / Agents	Name of Sole / First Bidder _____
	No. of Equity Shares				
	Bid Price (₹)				
	Amount Blocked (₹ in figures)				
ASBA Bank A/c No.				Acknowledgement Slip for Bidder	Bid cum Application Form No.
Bank Name & Branch					

Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.

GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED

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# SYNDICATE ASBA FORM

## COMMON BID REVISION FORM

**GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED - INITIAL PUBLIC OFFER - NR**  
Registered Office: Plot No. 1, City Sarve No. 1537/A, Jetalpur Road, Gokak Mill Compound, Alkapuri, Vadodara - 390 020, Gujarat, India  
Telephone: +91 265 298 4800; Contact Person: Niki Paresh Tiwari, Company Secretary and Compliance Officer  
E-mail: info@gujaratsuperspecialityhospital.com; Website: www.gujaratsuperspecialityhospital.com; Corporate Identity Number: U85300GJ2019PLC111559

FOR NON-RESIDENTS, INCLUDING ELIGIBLE NRIs, FPIs, FVCI and REGISTERED MULTI LATERAL AND BILATERAL DEVELOPMENT FINANCIAL INSTITUTIONS ETC. APPLYING ON A REPATRIATION BASIS FOR BID SIZE ABOVE INR 5,00,000



To,  
The Board of Directors  
GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED

**100% BOOK BUILT ISSUE**  
ISIN: INE0V0W01025  
LEI: 335800NVEWHWDXDJAPC53

**Bid cum  
Application  
Form No.**

MEMBERS OF THE SYNDICATE STAMP & CODE	SUB-SYNDICATE MEMBER/ REGISTERED BROKER SCSB/CDP/RTA'S STAMP & CODE
SUB-BROKER'S / SUB-AGENT'S STAMP & CODE	SCSB BRANCH STAMP & CODE
BANK BRANCH SERIAL NO.	SCSB SERIAL NO.

<b>1. NAME &amp; CONTACT DETAILS OF SOLE / FIRST BIDDER</b>	
Mr. /Ms./M/s. _____	
Address _____	
Email _____	
Tel. No. (with STD code) / Mobile _____	
<b>2. PAN OF SOLE / FIRST BIDDER</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 (₹) (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		(Please ✓ tick)		
Option 1									3	2	1	3	2	1		3	2
(OR) Option 2																	
(OR) Option 3																	

5. TO (REVISED BID)																	
Bid Options	No. of Equity Shares Bid (Bids must be in multiples of Bid Lot as advertised)								Price per Equity Share (₹) (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		(Please ✓ tick)		
Option 1									3	2	1	3	2	1		3	2
(OR) Option 2																	
(OR) Option 3																	

<b>6. PAYMENT DETAILS [IN CAPITAL LETTERS]</b>										<b>PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/></b>									
Amount blocked (₹ in figures) _____ (₹ in words) _____																			
ASBA Bank A/c No. _____																			
Bank Name & Branch _____																			
Bank Reference Number _____																			

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 REVISION FORM, THE ATTACHED ABBRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC OFFERS (GID) AND HEREBY AGREE AND CONFIRM THE 'BIDDER'S UNDERTAKING' AS GIVEN OVERLEAF. I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THIS COMMON BID CUM APPLICATION 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>7C. MEMBERS OF THE SYNDICATE / SUB-SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchanges system)</b>	
Date : _____, 2025		I/We authorise the SCSB to do all acts as are necessary to make the application in the Issue.			
		1) _____			
		2) _____			
		3) _____			

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# SYNDICATE ASBA FORM



**GUJARAT KIDNEY AND SUPER SPECIALITY LIMITED**  
**BID REVISION FORM - INITIAL PUBLIC OFFER - NR**

Acknowledgement Slip for  
Members of the Syndicate / Sub-Syndicate  
Member / Registered Broker /  
CDP / RTA / Agents

**Bid cum  
Application  
Form No.**

DP ID / CL ID																			
---------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Additional Amount Blocked (₹ in figures) _____										ASBA Bank A/c No. _____									
Bank Name & Branch _____																			
Received from Mr./Ms./M/s. _____																			
Telephone / Mobile _____										Email _____									

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# SYNDICATE ASBA FORM

				<b>Name of Sole / First Bidder</b>	
Option 1				Option 2	
Option 3					
No. of Equity Shares				Stamp & Signature of Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agents	
Bid Price (₹)					
Additional Amount Blocked (₹ in figures)					
ASBA Bank A/c No.					
Bank Name & Branch					
Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.					

**Acknowledgement Slip for Bidder**

**Bid cum  
Application  
Form No.**