



**SYNDICATE ASBA FORM**

**COMMON BID REVISION FORM**

**HEXAGON NUTRITION LIMITED - INITIAL PUBLIC OFFER - R**  
 Registered and Corporate Office: 404 Global Chamber, Adarsh Nagar, Link Road, Andheri (W), Mumbai - 400 053, Maharashtra, India  
 Contact Person: Vedanti Swarnil Vartak, Company Secretary and Compliance Officer; Email: cs.hnp@hexagonnutrition.com  
 Telephone: +91 22 62136710/711; Website: www.hexagonnutrition.com  
 Corporate Identity Number: U24110MH1993PLC072189

FOR RESIDENT INDIAN BIDDERS INCLUDING  
 RESIDENT QIBs, NON-INSTITUTIONAL BIDDERS AND  
 ELIGIBLE NRIs APPLYING ON A NON-REPATRIATION  
 BASIS, FOR BID SIZE ABOVE ₹ 500,000



To,  
 The Board of Directors  
 Hexagon Nutrition Limited

**100% BOOK BUILT OFFER**  
 ISIN: INE0JU101012  
 LEI No.: 3358007T4DOSDQD2HP32

**Bid cum Application Form No.**

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

**1. NAME & CONTACT DETAILS OF SOLE / FIRST BIDDER**

Mr. /Ms./M/s. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email \_\_\_\_\_  
 Tel. No. (with STD code) / Mobile \_\_\_\_\_

**2. PAN OF SOLE / FIRST BIDDER**

\_\_\_\_\_

**3. BIDDER'S DEPOSITORY ACCOUNT DETAILS**  NSDL  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				
Option 1									4	3	2	1	3	2	1	4	3	2	1	<input type="checkbox"/>
(OR) Option 2																				<input type="checkbox"/>
(OR) Option 3																				<input type="checkbox"/>

**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				
Option 1									4	3	2	1	3	2	1	4	3	2	1	<input type="checkbox"/>
(OR) Option 2																				<input type="checkbox"/>
(OR) Option 3																				<input type="checkbox"/>

**6. PAYMENT DETAILS [IN CAPITAL LETTERS]** **PAYMENT OPTION : FULL PAYMENT**

Additional 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 ABRIDGED PROSPECTUS AND THE GENERAL INFORMATION DOCUMENT FOR INVESTING IN PUBLIC OFFERS ("GID") AND HEREBY AGREE AND CONFIRM THE 'BIDDER'S UNDERTAKING' AS GIVEN ALONG WITH THE COMMON BID CUM APPLICATION FORM. I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THIS COMMON 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>7C. MEMBERS OF THE SYNDICATE / SUB-SYNDICATE MEMBER / REGISTERED BROKER / SCSB / CDP / RTA / AGENT STAMP (Acknowledging upload of Bid in Stock Exchange System)</b>
Date : _____, 2026	I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer. 1) _____ 2) _____ 3) _____	

TEAR HERE

**SYNDICATE ASBA FORM**

DP ID / CL ID	_____	<b>Bid cum Application Form No.</b>	_____
Additional Amount Blocked (₹ in figures)	_____	<b>PAN of Sole / First Bidder</b>	_____
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	_____	Stamp & Signature of members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent	_____
Email	_____	<b>Name of Sole / First Bidder</b>	_____

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**SYNDICATE ASBA FORM**

Option 1	Option 2	Option 3	Stamp & Signature of members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agent	<b>Name of Sole / First Bidder</b>
No. of Equity Shares	_____	_____		
Bid Price (₹)	_____	_____		
Additional Amount Blocked (₹ in figures)	_____		<b>Acknowledgement Slip for Bidder</b>	<b>Bid cum Application Form No.</b>
ASBA Bank A/c No.	_____			
Bank Name & Branch	_____			

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

TEAR HERE - PLEASE FILL IN BLOCK LETTERS - TEAR HERE