



Health
Insurance

RELIGARE HEALTH INSURANCE COMPANY LIMITED
Registered Office: 5th Floor, 19, Chawla House, Nehru Place, New Delhi-110019

APPLICATION FORM FOR RIGHT ISSUE

To
The Board of Directors
Religare Health Insurance Company Limited
New Delhi

Form for Acceptance of Rights Shares

Dear Sirs,

Date :

I /We, hereby apply for allotment to me / us of the Equity Shares on rights basis as stated below. The amount payable on application as shown below is remitted herewith. I / we hereby agree to accept the Equity Shares applied for or such lesser number of equity shares as may be allotted to me / us, subject to the terms of this Memorandum cum Application Form, and the Letter of offer. I / we undertake that I/ we will sign all such other documents and do all such other acts, if any, necessary on my / our part to enable me / us to be registered as the holder(s) of the Equity Shares that may be allotted to me / us. I / we hereby authorize you to place my / our name(s) on the Register of Members of the Company as the holder(s) of Equity Shares that may be so allotted to me / us and to register my / our address(es) as given below. I / we note that the Allotment Committee of Directors is entitled in their absolute discretion to accept or reject this application in whole or in part without assigning any reason whatsoever. I/ we hereby agree that the decision of Allotment Committee or the Board of Directors shall be final and binding. In the event, the amount paid by me / us is not correct, I /we understand that this application will be rejected.

Folio No. : N.A.

Number of Equity Shares held on October 18, 2019 (Block I)	Number of Equity Shares offered (Block II)	Number of Equity Shares applied (Block III)	Number of additional Equity Shares applied (Block IV)	Total number of Equity Shares applied for (Block V) (Block III+IV)

SHARES IN DEMATERIALIZED FORM. DEPOSITORY PARTICIPANT DETAILS

Depository Name																					
Depository Participant Name																					
DP - ID																					
Beneficiary Account Number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Amount payable on application @ Rs.10/- per equity share

Details of Nominee:

Name
Address:
Sector
If minor, date of Birth _____
Name of the Guardian _____

(Rs. In Figure)

(Rupees in Words)

Cheque / Demand Draft
No. : RTGS

Cash (tick below)

Dated :
Bank Name:
Branch:
A/c No.:
IFSC Code:
UTR No.:

Sole/ First Applicant	Name	Surname	PAN :		Occupation (Tick) of First applicant
NAME IN FULL (Mr./Mrs./Ms.)			AGE :		1. Service
					2. Business
ADDRESS:			Status (Please Tick)		
			Individual		3. Student
			Limited Co.		4. Housewife
FATHER'S / HUSBAND'S NAME IN FULL			Others		5. Professional
					6. Farmer
					7. Others
Second Applicant NAME IN FULL			N.A.		PAN: AGE :
Account No., Name of Bank and Branch of Sole/First Applicant for refund, if any.					
		A/c No.	Bank and Branch Address and IFSC Code		
SAVINGS/CURRENT A/c No.* (For Residents)					
NRE/FCNR/NRO/Special NRE/NRO/ OTHER A/c No. (For Non-Residents)					
*Indicates Strike off whichever is not applicable					
Signature		Sole / First Applicant		Second Applicant	