

ZCZP INSTRUMENT APPLICATION FORM

(Private & confidential, not for circulation)

To: Board of Trustees EKALAVYA FOUNDATION Registered Office: 6-3-628/9 Ravindranagar Colony, Khairtabad, Hyderabad 500004 CIN.: 280/2006 Contact Person: I Mahesh Kumar, Compliance Officer Website: www.ekalavya.net Tel: 9492490928/6281203418 Email: cco@ekalavya.net , ho@ekalavya.net	Application Form No.: ISIN No.: INSORS112013
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Sir/Madam,

Sub: Application for subscription of ZCZP (zero coupon zero principal) Instruments of face value of ₹1/- each.

Having read and understood the terms of issue and the instructions, based on the Final Fund Raising Document dated 05-02-2024, I/we apply for the allotment of ZCZP instruments to me/us. The application is an irrevocable offer by me/us. The amount payable on application as shown below is remitted or the cheque/demand draft/ RTGS/NEFT, On allotment, please place my/our name(s) on the Register of Subscribers. I/We bind myself/ourselves by the provisions as contained in the Fund raising document.

	<i>In Figures</i>	<i>In words</i>	
No. of Instruments.			Date: FOR OFFICE USE ONLY Date of receipt of application Sl. No:
Amount (Rs).			

I am/we are applying as (Tick) whichever is applicable

PAYMENT DETAILS (IN CAPITAL LETTERS)				
<u>If, paid through Cheque/Demand Draft:</u>				
(Please draw the Cheque/Demand Draft in favour of: BABJIPET SLDP EKALAVYA FOUNDATION–BIGSHARE SPL ZCZP IPO ESCROW A/C)				
Drawn on	Cheque/ DD No.	Date	Amount (in Rs.)	Category of Investor: Company () Society/ Trust () Mutual Fund () Others () If, Others please Specify :
<u>If, paid through Direct Credit / NACH / NEFT / RTGS , details :</u>				
Bank Account No.:	924020003561413			
Bank Name & Branch	AXIS BANK LIMITED, HIMAYAT NAGAR BRANCH (IFSC CODE: UTIB0000370)			
UTR Number :				

APPLICANT'S NAME IN FULL	Name of father/ husband	Sex	Age
Sole /First			

Address :

Phone No: _____ Mobile No: _____

E-mail : _____

Applicants Depository Account Details : NSDL CDSL

DP / CLIENT ID :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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For NSDL enter 8 digit DP ID followed by 8 digit Client ID / for CDSL enter 16 digit Client ID

<u>Applicant PAN</u>	<u>SIGNATURE OF THE APPLICANT</u>
	signed on behalf of self / all joint holders :

.....Tear Here.....

.....ACKNOWLEDGEMENT.....

DP Id /Client ID :

Sole / First Applicant :

<p><u>Address for Correspondence:</u></p> <p>Ekalavya Foundation 1-8-522/7, opp. Metro pillar number B1117, Chikkadpally, Hyderabad 500020</p>	<table border="1" style="width: 100%;"> <tr> <td colspan="4" style="text-align: center;">PAYMENT DETAILS (IN CAPITAL LETTERS)</td> </tr> <tr> <td colspan="4" style="text-align: center;"><u>If. paid through Cheque/Demand Draft</u></td> </tr> <tr> <td style="width: 30%; text-align: center;">drawn on</td> <td style="width: 20%; text-align: center;">Cheque/ DD No.</td> <td style="width: 15%; text-align: center;">Date</td> <td style="width: 35%; text-align: center;">Amount (in Rs.)</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="4" style="text-align: center;"><u>If. paid through Direct Credit / NACH / NEFT / RTGS . details :</u></td> </tr> <tr> <td colspan="2">Bank Account No.:</td> <td colspan="2"> </td> </tr> <tr> <td colspan="2">Bank Name & Branch</td> <td colspan="2"> </td> </tr> <tr> <td colspan="2">UTR Number :</td> <td colspan="2"> </td> </tr> </table> <p>Please draw the Cheque/Demand Draft in favour of:</p> <p style="text-align: center;">BABJIPET SLDP EKALAVYA FOUNDATION BIGSHARE SPL ZCZP IPO ESCROW A/C</p>	PAYMENT DETAILS (IN CAPITAL LETTERS)				<u>If. paid through Cheque/Demand Draft</u>				drawn on	Cheque/ DD No.	Date	Amount (in Rs.)					<u>If. paid through Direct Credit / NACH / NEFT / RTGS . details :</u>				Bank Account No.:				Bank Name & Branch				UTR Number :				<p>Receiver's Stamp</p> <p>Received on</p>
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UTR Number :																																		

Note: Cheques and Demand Drafts are subject to realization.

Note/Terms:

1. Name of sole/first applicant should be exactly the same as it appears in the depository records.
2. The entire Application Amount will be payable at the time of submission of the Application Form.
3. Only the first Applicant is required to sign the application form/ revision form. Thumb impressions and signatures other than in the languages specified in the Eighth Schedule to the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under official seal.
4. Each Application should be for a minimum of ₹ 10,000, i.e., 10, 000 ZCZP Instruments and in multiples of ₹ 10,000 (10,000 ZCZP Instrument) thereafter. Applicants can apply for the ZCZP Instruments offered hereunder provided the Applicant has applied for minimum application size using the same Application Form.
5. In case of payment by way of cheque / demand draft, the same shall be attached to the Application Form.
6. In case the Applicant has transferred the Application Amount by way of direct credit / NACH/ RTGS / NEFT to the Escrow Account, then the Applicant shall necessarily mention the UTR no. and date of such transfer in the Application Form.
7. All Applications where payment is being made by cheque / demand draft should be submitted to the Registrar to the Issue before the Issue Closing Date. Further, Applications where payment is being made by direct credit / NACH / RTGS / NEFT should reach the Registrar to the Issue within 3 (three) Working Days from the Issue Closing Date.a
8. Participation by any of the investor classes as mentioned in the Final Fund Raising Document in the Issue will be subject to applicable statutory and/or regulatory requirements. Applicants are advised to ensure that applications made by them do not exceed the investment limits or maximum number of ZCZP Instruments that can be held by them under applicable statutory and/or regulatory provisions.
9. Applications should be made in single name. Applications should be made by Karta in case the Applicant is an HUF. If the depository account is held in joint names, the Application Form should contain the name and PAN of the person whose name appears first in the depository account and signature of only this person would be required in the Application Form.
10. This Applicant would be deemed to have signed on behalf of joint holders and would be required to give confirmation to this effect in the Application Form. Please ensure that such Applications contain the PAN of the HUF and not of the Karta.
11. Applicants applying for Allotment must provide details of valid and active DP ID, Client ID and PAN clearly and without error. On the basis of such Applicant's active DP ID, Client ID and PAN provided in the Application Form, the Registrar to the Issue will obtain from the Depository the Demographic Details. Invalid accounts, suspended accounts or where such account is classified as invalid or suspended may not be considered for Allotment of the ZCZP Instruments.
12. All Applicants are required to tick the relevant column in the "Category of Investor" box in the Application Form.