FOR RESIDENT INDIAN, QIB, ELIGIBLE NRI'S APPLYING ON A NON REPATRIATION BASIS LAXMI DENTAL LIMITED - INITIAL PUBLIC ISSUE - R COMMON BID CUM Address: MAHARASHTRA Contact Details: 2261437991 CIN No: U51507MH2004PLC147394 APPLICATION FORM Bid cum 800131843 **BOOK BUILT ISSUE** Application THE BOARD OF DIRECTORS Form No. **LAXMI DENTAL LIMITED** ISIN: INEOWO601020 1. NAME & CONTACT DETAILS OF SOLE/FIRST BIDDER Mr. / Ms. ASHILLS IS BATAS BILS ALI (HUF) Address: B320022, J. Alarin Abril A Reinicia Ver U. Brann Balli D. Ggutt OR Brook is Val ((WV) Email bhansali1974@@@mailæiomom 9 8 2 0 9 8 9 4 7 6 Tel. No (with STD code) / Mobile 2. PAN OF SOLE/FIRST BIDDER B 8 6 3. BIDDER'S DEPOSITORY ACCOUNT DETAILS NSDL CDSL Individual(s) - IND 2 0 7 A 9 0 a Ð 0 a 9 9 9 9 Hindu Undivided Family - H U F Bodies Corporate - CO For NSDL enter & digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit client ID Banks & Financial Institutions - FI 4. BID OPTIONS (ONLY RETAIL INDIVIDUAL BIDDERS CAN BID AT "CUT-OFF") Mutual Funds - MF Price Band: 407-428 Category Eligible Non-Resident Indians - NRI Price per Equity share (RS) "Cut-off" No. of Equity Shares Bid (In Figure) (Non-Repatriation basis) (Price in multiples of ₹ 1/- only) (In Figures) Retail (Bids must be in multiples of Bid National Investment Fund - NIF Individual Cut-off Options Bid Lot as advertised) **Bid Price** Discount **Net Price** Insurance Companies - IC (Please Venture Capital Funds - VC 5 | 4 | 3 | 2 | 1 8 7 tick) Insurance Funds - IF INon-41 31 Alternative Investment Funds - AIF Option 31 Institutional Others (Please specify) - OTH (OR) Option 2 NOH-Entities other than QIB/CO/IND # HUF should apply only through Karta (Application by HUF would be treated on par with Individual) (OR) Option 3 7. PAYMENT DETAILS PAYMENT OPTION : FULL PAYMENT PART PAYMENT 1 0 0 2 8 0 4 Reptask ConTyle Thousand Eight Hundred and Four Rupees Only/ Amount Blocked (₹ in figures) ASBA 6 0 8 0 0 0 6 8 6 2 5 2 2 3 3 Bank A/c No. Bank Name & Branch ANDISCOBBANK BODVAOR(wa)II(W) **UPI ID ( Maximum** 45 charactors I/WE (ON BEHALF OF JOINT BIDDERS, IF ANY) HEREBY CONFIRM THAT I/WE HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS 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) HERBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THE COMMON BID CUM APPLICATION FORM GIVEN OVERLEAF. 8B. SIGNATURE OF ASBA BANK ACCOUNT HOLDER(S) BROKER/SCSB/DP/RTA 8A. SIGNATURE OF SOLE / FIRST BIDDER (AS PER BANK RECORDS) STAMP(Acknowledging upload of I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer. Bid in Stock Exchange system) Date: TEAR HERE Acknowledgement Slip Big cum Application D LAXMI DENTAL LIMITED 800131843 LAXMI DENTAL LIMITED for Broker/SCSB/ Form No. DP/RTA **INITIAL PUBLIC ISSUE - R** PAN of Sole / First Bidde DPID 2 9 1 0 2 Θ 9 0 0 9 0 9 9 8 5 8 0 0 CLID ASAP Bank A/c No. / UPI Id Stamp & Signature of SCSB Branch Amount Blocked (₹ in figures) 0002804 **60800068629222**3 MINISOBBANK BODVAOR(wa)li(W) Bank Name & Branch **ASHHİSBIHSSBBƏHNSBII**SALI (HUF) Received from Mr. / Ms. Telephone / Mobile 9820989476 Email bhansali 1974 @@@rgarilaziborom TEAR HERE Option 3 Name of Sole / First Bidder Option 1 Option 2 Stamp & Signature of Members of the Syndicate nber / Registered Broker / SCSB / CDP / RTA ASHISBIS SBENINSBISALI (HUF)