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PLEASE FILL IN BLOCK LETTERS

SYNDICATE ASBA FORM

COMMON BID CUM APPLICATION FORM

LAXMI DENTAL LIMITED - INITIAL PUBLIC OFFER - R

Registered Office: Office No. 103, Akurdi Arcade, J. P. Road, Opposite A.H. Wadia High School, Andheri (West), Mumbai - 400 058, Maharashtra, India;
Tel: +91 22 6143 7991; Corporate Identity Number: U51507MH2004PLC147394
Corporate Office: 301, A-wing, Interface-16, Mindspace, Malad (West), Mumbai - 400 064, Maharashtra, India; Tel: +91 22 6143 7992
Contact Person: Nupur Joshi, Company Secretary and Compliance Officer; E-mail: co.sec@laxmidentallimited.com; Website: www.laxmidentallimited.com

FOR RESIDENT INDIAN INVESTORS INCLUDING RESIDENT QIBs, NON-INSTITUTIONAL BIDDERS, RETAIL INDIVIDUAL BIDDERS AND ELIGIBLE NRIs APPLYING ON A NON-REPATRIATION BASIS, FOR BID SIZE ABOVE ₹ 0.50 million



LAXMI DENTAL LIMITED

To,
The Board of Directors

LAXMI DENTAL LIMITED

100% BOOK BUILT OFFER
ISIN: INE0WO601020
LEI No.: 254900M8P2C921MMM832

Bid cum
Application
Form No.

MEMBERS OF THE SYNDICATE STAMP & CODE	SUB-SYNDICATE MEMBER/ REGISTERED BROKER SCSB/CDP/RTA STAMP & CODE
NUVAMA WEALTH MANAGEMENT LIMITED 01/121	NUVAMA WEALTH & INVESTMENT LTD. 23/13116-31
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	<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	

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)															
		Bid Price			Retail Discount			Net Price			(Please ✓/tick)						
		8	7	6	5	4	3	2	1	3		2	1	3	2	1	
Option 1																	
(OR) Option 2																	
(OR) Option 3																	

5. CATEGORY	6. INVESTOR STATUS
<input type="checkbox"/> Non-Institutional Bidder	<input type="checkbox"/> Individual(s) - IND
<input type="checkbox"/> Retail Individual Bidder	<input type="checkbox"/> Hindu Undivided Family - HUF*
<input type="checkbox"/> Eligible NRIs	<input type="checkbox"/> Body Corporate - CO
<input type="checkbox"/> QIB	<input type="checkbox"/> Systemically Important NBFCs
	<input type="checkbox"/> Banks & Financial Institutions - FI
	<input type="checkbox"/> Mutual Funds - MF
	<input type="checkbox"/> National Investment Fund - NIF
	<input type="checkbox"/> Insurance Funds - IF
	<input type="checkbox"/> Insurance Companies - IC
	<input type="checkbox"/> Venture Capital Fund - VCF
	<input type="checkbox"/> Alternative Investment Fund - AIF
	<input type="checkbox"/> Other QIBs - OTH
	<input type="checkbox"/> Non Resident Indian - NRI
	<input type="checkbox"/> (Non-repatriation basis)
	<input type="checkbox"/> All entities other than QIBs, Body Corporate and Individuals - NOH
	Please Specify _____

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 _____
UPI ID (Maximum 45 characters) _____	

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) HEREBY CONFIRM THAT I/WE HAVE READ THE INSTRUCTIONS FOR FILLING UP THIS 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 STAMP (Acknowledging upload of Bid in Stock Exchange System)
	I/We authorise the SCSB to do all acts as are necessary to make the application in the Offer.	
	1) _____	
	2) _____	
	3) _____	
Date : _____, 2025		

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SYNDICATE ASBA FORM

LAXMI DENTAL LIMITED	LAXMI DENTAL LIMITED	Acknowledgement Slip for Members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agents	Bid cum Application Form No.
DP ID / CL ID		PAN of Sole / First Bidder	
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 / Agents	
Bank Name & Branch			
Received from Mr./Ms./M/s.			
Telephone / Mobile	Email		

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SYNDICATE ASBA FORM

LAXMI DENTAL LIMITED - INITIAL PUBLIC OFFER - R	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.					
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.

LAXMI DENTAL LIMITED

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