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PLEASE FILL IN BLOCK LETTERS

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SYNDICATE ASBA FORM

COMMON BID CUM APPLICATION FORM

LAXMI DENTAL LIMITED - INITIAL PUBLIC OFFER - R

Registered Office: Office No. 103, Akuriti 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



To,
The Board of Directors

LAXMI DENTAL LIMITED

LAXMI DENTAL LIMITED

100% BOOK BUILT OFFER
ISIN: INE0W0601020
LEI No.: 254900M8P2C921MMM832

Bid cum
Application
Form No.

30833057

| | | | | | |
|---|--|--|--|--|--|
| MEMBERS OF THE SYNDICATE STAMP & CODE | | SUB-SYNDICATE MEMBER/ REGISTERED BROKER SCSB/CDP/RTA STAMP & CODE | | 1. NAME & CONTACT DETAILS OF SOLE / FIRST BIDDER | |
| NUVAMA WEALTH MANAGEMENT LIMITED 01/121 | | NUVAMA WEALTH & INVESTMENT LTD. 23/13116-31 | | Mr./Ms./M/s. Suraj Lalman Vishwakarma | |
| SUB-BROKER'S / SUB-AGENT'S STAMP & CODE | | SCSB BRANCH STAMP & CODE | | Address 303 OM RESIDENCY SECTOR 5 PLOT 10 ULWE NAVI | |
| | | | | MUMBAI 410205 Email | |
| BANK BRANCH SERIAL NO. | | SCSB SERIAL NO. | | Tel. No. (with STD code) / Mobile 7666321805 | |
| | | | | 2. PAN OF SOLE / FIRST BIDDER | |
| | | | | AYCPV8215G | |

| | | | | | |
|--|---|--|-----------------|-----------|---|
| 3. BIDDER'S DEPOSITORY ACCOUNT DETAILS <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL | | 6. INVESTOR STATUS | | | |
| IN30198311315434 | | <input type="checkbox"/> Individual(s) - IND <input type="checkbox"/> Hindu Undivided Family - HUF* <input type="checkbox"/> Body Corporate - CO <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 | | | |
| For NSDL enter 8 digit DP ID followed by 8 digit Client ID / For CDSL enter 16 digit Client ID | | | | | |
| 4. BID OPTIONS | | 5. CATEGORY | | | |
| 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) |
| Option 1 | 33 | 428 | | | <input type="checkbox"/> Non-Institutional Bidder |
| (OR) Option 2 | | | | | <input type="checkbox"/> Retail Individual Bidder |
| (OR) Option 3 | | | | | <input type="checkbox"/> Eligible NRIs |
| | | | | | <input type="checkbox"/> QIB |

| | | | |
|--|--|---|--|
| 7. PAYMENT DETAILS [IN CAPITAL LETTERS] | | PAYMENT OPTION : FULL PAYMENT <input checked="" type="checkbox"/> | |
| Amount blocked (₹ in figures) 14124 | | (₹ in words) Fourteen Thousand One Hundred Twenty Four | |
| 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 ABBRIDGED 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

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|--|--|--|--|---|--|
| LAXMI DENTAL LIMITED | | Acknowledgement Slip for Members of the Syndicate / Sub- Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agents | | Bid cum Application Form No. | |
| LAXMI DENTAL LIMITED | | INITIAL PUBLIC OFFER - R | | 30833057 | |
| DP / ID CL ID | | IN30198311315434 | | PAN of Sole / First Bidder | |
| | | | | AYCPV8215G | |
| Amount blocked (₹ in figures) 14124 | | 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. | | Suraj Lalman Vishwakarma | | | |
| Telephone / Mobile | | 7666321805 | | Email | |
| | | | | | |

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SYNDICATE ASBA FORM

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|--|--|---|--|------------------------------------|---|
| LAXMI DENTAL LIMITED - INITIAL PUBLIC OFFER - R | | Stamp & Signature of members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agents | | Name of Sole / First Bidder | |
| | | | | Suraj | |
| No. of Equity Shares 33 | | Option 1 | | Option 2 | |
| Bid Price (₹) 428 | | Option 3 | | | |
| Amount Blocked (₹ in figures) 14124 | | | | Acknowledgement Slip for Bidder | |
| ASBA Bank A/c No. | | | | Bid cum Application Form No. | |
| Bank Name & Branch | | | | 30833057 | |
| Important Note : Application made using third party ASBA Bank A/c are liable to be rejected. | | | | | |
| LAXMI DENTAL LIMITED | | | | | 1 |