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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, Akruti 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

428 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
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.	Suraj Lalman Vishwakarma
Address 303 OM RESIDENCY SECTOR 5 PLOT 10 ULWE NAVI	
MUMBAI 410205 Email	
Tel. No. (with STD code) / Mobile 7 6 6 6 3 2 1 8 0 5	
2. PAN OF SOLE / FIRST BIDDER	
A Y C P V 8 2 1 5 G	

3. BIDDER'S DEPOSITORY ACCOUNT DETAILS	<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
IN 3 0 1 9 8 3 1 1 3 1 5 4 3 4	

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

- ☐ Non-Institutional Bidder
☐ Retail Individual Bidder
☐ Eligible NRIs
☐ QIB

6. INVESTOR STATUS

- ☐ Individual(s) - IND
☐ Hindu Undivided Family - HUF*
☐ Body Corporate - CO
☐ Systemically Important NBFCs
☐ Banks & Financial Institutions - FI
☐ Mutual Funds - MF
☐ National Investment Fund - NIF
☐ Insurance Funds - IF
☐ Insurance Companies - IC
☐ Venture Capital Fund - VCF
☐ Alternative Investment Fund - AIF
☐ Other QIBs - OTH
☐ Non Resident Indian - NRI (Non-repatriation basis)
☐ All entities other than QIBs, Body Corporate and Individuals - NOH
Please Specify

*HUF should apply only through Karta (Application by HUF will be treated on par with individual).

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

LAXMI DENTAL LIMITED

LAXMI DENTAL LIMITED
INITIAL PUBLIC OFFER - R

Acknowledgement Slip for
Members of the Syndicate / Sub-
Syndicate Member / Registered Broker /
SCSB / CDP / RTA / Agents

Bid cum
Application
Form No.

30833057

DP ID / CL ID	IN 3 0 1 9 8 3 1 1 3 1 5 4 3 4
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PAN of Sole / First Bidder

A Y C P V 8 2 1 5 G

Amount blocked (₹ in figures)	14124	ASBA Bank A/c No.	
Bank Name & Branch			
Received from Mr./Ms./M/s.	Suraj Lalman Vishwakarma		
Telephone / Mobile	7 6 6 6 3 2 1 8 0 5	Email	

Stamp & Signature of SCSB Branch / Members of the Syndicate / Sub-Syndicate Member / Registered Broker / CDP / RTA / Agents

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SYNDICATE ASBA FORM

	Option 1	Option 2	Option 3
No. of Equity Shares	33		
Bid Price (₹)	428		
Amount Blocked (₹ in figures)	14124		
ASBA Bank A/c No.			
Bank Name & Branch			

Stamp & Signature of members of the Syndicate / Sub-Syndicate Member / Registered Broker / SCSB / CDP / RTA / Agents

Name of Sole / First Bidder

Suraj

Acknowledgement Slip for Bidder

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Important Note : Application made using third party ASBA Bank A/c are liable to be rejected.

LAXMI DENTAL LIMITED

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