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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, Akriti 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		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 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		6. INVESTOR STATUS			
IN 3 0 1 9 8 3 1 1 3 1 5 4 3 4		<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 (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	
Option 1	8 7 6 5 4 3 2 1	3 2 1	3 2 1	3 2 1	(Please ✓/tick)
(OR) Option 2					
(OR) Option 3					

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 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		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		IN 3 0 1 9 8 3 1 1 3 1 5 4 3 4		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.		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		7 6 6 6 3 2 1 8 0 5		Email	

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SYNDICATE ASBA FORM

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	
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					
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.	
				30833057	
				LAXMI DENTAL LIMITED	
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