Name of Professional:

Disclosures by the other Professionals appointed/ engaged by the Insolvency Professionals conducting Resolution Processes of M/s Laxmi Pipes Limited (Corporate Debtor) in terms of IBBI Circular No. IP/005/2018 dated 16th January, 2018

| IP/Other | Name of | Profession | PAN | Relationshipwith | | | | | |
|---------------------------|--------------|------------|-----|------------------|--------------|-----------|-----------|----------|-------------|
| | Professional | al | | IRP/RP | Other | Corporate | Name of | | Name of |
| engaged by | | Membersh | | | Professional | Debtor | Financial | | Prospective |
| the IP | | ip No. | | | (Registered | | Creditor | Provider | Resolution |
| | | | | | Valuer | | | | Applicant |
| | | | | | /Accountant | | | | |
| | | | | | /Advocate | | | | |
| | | | | | AnyotherPr | | | | |
| | | | | | ofessional) | | | | |
| | | | | | ĺ | | | | |
| | | | | | | | | | |
| D | | | | | | | | | |
| Prospective Resolution | | | | | | | | | |
| Applicant | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| NI | ~4 | | |
|----|----|----|---|
| I | υı | es | • |

- i. NA: Not Applicable.
- ii. Additional rows and columns to be inserted, as required, where there are more than one professional, financial creditor, interim finance provider or prospective resolution applicant.
- iii. Where an Accountant has relationship of kind A with a Financial Creditor, relevant cell will display 'A', as indicated in the above table. One may click on 'A' to find details of relationship.

Certificate

| A. I confirm that informatio | n provided in | annexure A | is correct | to the be | est of my | knowledge | and |
|----------------------------------|----------------|---------------|------------|-----------|-----------|-----------|-----|
| belief as on the date of disclos | ure and will b | e updated, if | required. | | | | |

| | | | (signature) |
|-----------------|--|--|-------------|
| Date: Place: | | | (signature) |