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FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number:	3235-0104					
Estimated average burden hours per response	0.5					

INITIAL STATEMENT OF BENEFICIAL						burden hours 0.5 per response		
	OWNERSH suant to Section 16(Section 30(h) of the	(a) of the		nge Act of 19	34			
Name and Address of Reporting Person* 2. Date of Ever		ent	3. Issuer Name and Ticker or Tr			rading Symbol		
Rajpal Ajay	Requiring Sta (Month/Da				p. [LAX]			
(Last) (First) (Middle) C/O 8I ACQUISITION 2 CORP., C/O 6 EU TONG SEN STREET #08-13	11/22/2	11/22/2021		Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Owner Officer Other		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street)	-		(give title	(specify	6. In	dividual or Joir	nt/Group	
SINGAPORE 059817			below)	below)	(0	Check Applicat Form filed by		
	-				X	Reporting Pe	rson	
(City) (State) (Zip)						Form filed by One Reportin		
Table	I – Non-Deriva	tive Se	curities Bene	ficially Ov	vned			
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Ownership Form: Direct (D) or Indirect (I)		Beneficial	
Ordinary Shares, no par value			3,000	D				
	e II – Derivativ ts, calls, warra							
1. Title of Derivative Security (Instr. 4)	Date Exercisable And Expiration Date (Month/Day/Year)	ite :	3. Title and Amoun Securities Underlyi Derivative Security	ities Underlying Co ative Security (Instr. 4) or			6. Nature of Indirect Beneficial Ownership	
		iration late	Title	Amount			(Instr. 5)	
Explanation of Responses: Remarks:			Xin					

/s/ Ajay Rajpal

11/22/2021

** Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5(b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).