| PIC of the freelancer | mainst terremental silf- mains a reconstruction of line, overlandships on in the sory dynaff rips out helt sublation. | (Card Holder's Signature) |
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| market xcel Executive Name : State Phase 3 Rd, Okhla Phase III, Okhla Industrial Executive Name : State New Dahi, Delhi - 110020 Executive Name : State | This is to certify that Should the state of the second conducting that second collecting data. He/She has been authorized to collect Market Research Data by Market Xcel as per project specific Assignment Letter. Reference No: 25 6 Date of Issue: 21062 by alid From: 21000 by t Opb Fieldwork Address: This Authority Card is issued on the specific request of the free lance supplier to facilitate in his/her assignment. | |

Assignment letter

NFreelancer Code: MXBHNF2024-197 Reference No: 29 (6 4 10/201 Date: 02 Freelancer Name Shalki Chour Whopo No: 20240729 Bocy oclar e Fieldwork Location: House Address

This has reference to the discussion we had with you regarding the assignment pertaining to the captioned subject matter and explained in detail at the project briefing which you had attended on.

We now offer you fees for the assignment and other associated fees as mentioned hereunder, on the terms and conditions mentioned below and overleaf.

(A) Fees for Assignment:

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I solemnly declare the information mentioned herein (both sides of the page) is true and correct to the best of my beliefs and I agree with all terms and conditions.

Name of signee: The Midhan. UM Date: 02/10/22

Signature

Levano Signed in the presence of:

1) Witness Name:

7000t60

Signature:

Contact number:

2) Witness Name:

Contact number:

Signature:

| Address: | the Freel | ancer: | Sha! | shid | 4001. C | OM | | | | | | |
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| From Name of the Freelancer: Now Pay Say Say Say Say Say Say Say Say Say S |
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| Customer's Name & Address To: MARKET XCEL DATA MATRIX PVT. LTD. Xcel Data Matrix Pvt Ltd. No. 135/1, 2nd Floor, Lal Bagh Road, Old Mission Compound, Opposite Garuda Maruti Showroom, Bangalore - 560027 PAN No.: AAECM5086D Towards my Charges/Feesagainst Assignment/sstated below: Towards my Charges/Feesagainst Assignment Number and Date Original Assignment Number and Date Revised Assignment Number and Date Pees for Assignment Data Collection Type & Segment 1- Briefing charges 2- Recruitment/Contact/Listing 3- Main interview- 4- Main interview- 5- Moderation/Translation/Transcription/Others (Specify) |
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Signed in the presence of:

1) Witness Name:

Signature:
2) Witness Name:

Signature:

Contact number:

Contact number:

Date: 01/10/24

Name of signee: mallogy or May

| market xcel | and the second second | rial Estate Phase 3 Rd, Okhla Phase Estate, New Delhi, Delhi -110020 | III, Okhla Industrial | PIC of | the freelancer |
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| etail at the project briefing which we now offer you fees for the clow and overleaf. | tiscussion we had wit | ith you regarding the assignment pertaiended on. other associated fees as mentioned her | 1 22 1 10 10 10 10 | bject matter | and explained in |
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I solemnly déclare the information mentioned herein (both sides of the page) is true and correct to the best of my beliefs and I agree with all terms and conditions.

Name of signee: Malloy of May

Signature:

Signed in the presence of:

1) Witness Name:
Contact number:

Signature:
2) Witness Name:

Contact number
Signature:

| market <u>x</u> cel | 17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Executive Name: Mobile No.: | PIC of the freelancer |
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Fieldwork Location:

130

Dear Sir/Madam,

This has reference to the discussion we had with you regarding the assignment pertaining to the captioned subject matter and explained in detail at the project briefing which you had attended on.

We now offer you fees for the assignment and other associated fees as mentioned hereunder, on the terms and conditions mentioned below and overleaf.

(A) Fees for Assignment:

| Data Collection Type | Segment - Center | Quantity (Nos) | Rate Rs. (Per Qty) |
|--------------------------------|---|---------------------|-----------------------|
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| available therein However, the | your Incelance service details and the required data entered online air | o supply deposit of | (0.0 |

The above stated assignment will start from numbers/quantity through the device handed over to you for the data collection task in complete quantity and data be synced on daily basis so that data collected in the device is sent directly into the secured server. The device location should be always in active and GPS be captured live as communicated at the above stated briefing. Non-Compliance of agreed schedule may result in non-acceptance and may to rejection of the assignment in part/full without any further reference/intimation to you. This is not an employment but merely an assignment to you as a freelancer, and you are free to pursue any other vocation of your choice or work for any other person, and that no request from you for permanent/temporary employment in the Company shall be entertained in future. The Company reserves its right to terminate your assignment without showing any reason thereof.

I solemnly declare the information mentioned herein (both sides of the page) is true and correct to the best of my beliefs and I agree with all terms and conditions.

yoween kumol

Signature:

Signed in the presence of:

1) Witness Name:

Contact number:

Signature:

2) Witness Name:

Contact number:

Signature:

| From Name of the Freelancer: - Praveen Kumoc Address: - Hat Davangere Mobile No: - 797933 (805 | η. | | | | |
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| 5- Moderation/Translation/Transcription/Others (Specify) | | | | | |
| Other Fees/Charges | | | | | |
| Supervision Charges | | | | | |
| Executive Name: Kerana | 91 | - Cal | | | |
| EIC Employee ID: Date: Signature: | +1 | 9 9 |) | | |
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| I solemnly declare the information mentioned herein (both sides of the page) is | s true and co | orrect to the best of m | ny beliefs and I agr | ee with all terms and | conditions. |
| My PAN Account Number is: Beneficiary Bank Account Name: Provider Kul Beneficiary Bank Account Number: 36941084 | moon | Benefi | iciary Bank Na | me: S K L | 015449 |
| | 003 | | | | |
| E&OE | Dre | ethle. | N, Bill | Received On: | red On: |
| 2 outer | - | - | BIII | CHECKED & CICO | |
| (Signature & Date) Appro | oved by | with date | _ | | |