market <u>x</u> cel	PIC of the freelancer					
Research Data by M Date of Location: Known	Market Xcel as Issue: Mobile No: 9.0	registered with us as a freelandata. He/She has been authorized to per project specific Assignment Letter. Valid From 24/02/26/28/2/29 61/04/66/1 Address: This Authority Coplier to facilitate in his/her assignment.	collect Market Reference No: Job Fieldwork			
	(Card Holder's Signature)					
		Assignment letter				
Freelancer Name House Address Nounteandath Radakharapp Chestud		Job No: 2025 0274 Job Title: PET FOOD BUYERS Fieldwork Location:	Date:	2-025 02 74 MXKERF2023-02 3/02/25		

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)	
Shop 8tydy	Kochi	5	500	

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.

Date:	Signed in the presence of:						
Name of signee: JIJO-7	1) Witness Name: Payesh RN						
	Contact number: 70/2 630425						
	Signature: Rayery						
Signature:	2) Witness Name: Sony kg						
40	Contact number: 9895542763						

Signature:

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Customer's Name & Address To: MARKET XCEL DATA MATRIX PVT. LTD. B22, Second Floor, Mather Square Building, Opposite North Railway Statemakulam, Kerala-682018 PAN No.: AAECM5086D						Station	For Commercial Use:						
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Job No: 20250274							Original Assignment Number and Date			ent Revis	Pavisad Assissant		Quantity An
Job Title			DD B	UYER	3								Payble
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Data Co	llection Ty	ype & Se	gment			(Quant	antity Rate Am			Amour	ount	
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5- M	loderation/ Specify)	Translatio	on/Transci	ription/Ot	hers								
Other F	ees/Chai	rges											
Supervisi	on Charge:	S				200							
	ve Name	: 5.	ony.k.	4					THE PARTY				
EIC Emp	oloyee ID): Date:	Signatu	ire: 24	08, 3	3/3/	25	, <	4	4		S. Total	
Totals											7.5	500	
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										STEANS			
B) Superv	ision Charg	jes						Amou	int:-				
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Rupees in	Words:	Fiv	- b	under									
							mm	oul					
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1	2025 2024	short,	Rochi	728		5				5		23030	- In invoices

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.

My PAN Account Number is:

AVAPT 5034E

Beneficiary Bank Account Name:

BJIJO T

Beneficiary Bank Name:

SBI

Beneficiary Bank Account Number: 30979116373

Beneficiary IFSC Code: SBIN 0005046

E&OE

(Signature & Date)

4/8/25 Approved by with date

Bill Received On:

Bill Checked & Cleared On: