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| Customer's Name & Address  |                | The state of                | Name and Address of the Owner, where | ommercial                    | Use:                         | 1 ST. ST. LE                    | The same of  |
| TO 1 MARKET XCEL DATA MATRI<br>House No. 151, Sec. 20, Near CNS Hospital,<br>Indira Nagar, Lucknow - 226016<br>PAN No.: AAECM50860   | IX PVT, LTD,   |                             | Bill N<br>Date:<br>Freel             | ol 15 12 ancer Code          | 24 146                       | 06<br>oF 2023-                  | 182  |
|  | my Charges/    | Feesagain                   |                                      |                              |                              |                                 | Process of   |
| 10b Noi 2 524 0 924  |                | Orig                        | ginal As                             | ssignment<br>and Date        | Revised                      | Assignment<br>er and Date       | Quantity And<br>Amount   |
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| 2- Recruitment/Contact/Listing   |                |                             | 4                                    | -                            |                              | P. 97                           |  |
| 3- Main interview -  |                |                             | 6                                    | 55                           | 7                            | 30/                             |  |
| 4- Main interview-   |                | 19                          |                                      | 40                           | 6                            | co /-                           |  |
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| I solemnly declare the information mentioned here My PAN Account Number is: Beneficiary Bank Account Name: Beneficiary Bank Account Number:  | HO GOOD        | 0100                        | 002                                  | Benefic Blingh               | clary IFSC Cod               | me: PN B le: PU NS Received On: | 30796  |
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| House No.151  | 1, Sec. 20, N  | lear CNS Ho  | ospital,       |                            |                       | AND DO | BIII N                                | idin                       | THE RESERVE TO SHARE THE PARTY OF THE PARTY |  |                         | 0000000  |
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| Job Title: Brand health Ahrdy Con - de              |  |  |                |                            |                       |        |                                       |                            |   |  |                         |  |
| Fieldwork L   |  | 11   | P -1           | will                       | 4>                    |        |                                       |                            |   |  |                         |  |
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| 2- Recruitment/Contact/Listing 3- Main interview -  |  |  | 2              | 0                          | 55                    |        | 1100                                  | 1                          |   |  |                         |  |
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| Assignment<br>Number                                | Job No.  | Segment  | Centre         | Date<br>Collection<br>Type | Quantity Sy<br>Submit |        |                                       | Rejectedby<br>Agreed by me | Invoice Quanti<br>Accepted  | 200  | ty Paidinthis<br>nvoice | Subsequent Invoices  |
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|   | (Signature   |  |                |                            | -Appro                | ved by | with d                                | ate                        | -   |  |                         |  |

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| Customer's Name & Address To : MARKET XCEL DATA MATR   | IX PVT. LTD.              | For                 | Commercial                        | Use:   | A DEPOSIT OF THE                               | 7 99 91 91   |
| House No.151, Sec. 20, Near CNS Hospital,<br>Indira Nagar, Lucknow - 226016<br>PAN No.: AAECM50860   |                           | Bill<br>Dat<br>Free | No:<br>e: 15/12/2<br>elancer Code | 1460<br>MXLK   | 9<br>0F 2023                                   | -275   |
| Towards  | my Charges/Fees           | against A           | signment/s                        | the same of the sa | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN |  |
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| 3- Main interview -  |                           |                     |                                   |  |  |  |
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| Supervision Charges  |                           | 877                 | 17                                | Section 1  | 195/   | -1207  |
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| 2014 Quant Blos  | 9                         |                     | -                                 | -  | -  |  |
| I solemnly declare the information mentioned here My PAN Account Number is: Beneficiary Bank Account Name: And Beneficiary Bank Account Number: 1 3 E&OE   | in Viahoak                | Larma               |                                   | ary Bank Nam<br>ary IFSC Code  | ne: PHB<br>a: PHBOL<br>Beceived On:            |  |

| market <u>x</u> cel                 | Executive Nam                                     | Estate, New Delhi, Delhi -110020 e: Jitchgra Verna SSS 108196  | khla Industrial                               | PIC of the freelancer     |
|-------------------------------------|---|--|---|---------------------------|
| Research Data by Management Date of | and collecting<br>Market Xcel as<br>Issue: 09/09/ | registered with us as a freelance data. He/She has been authorized to comper project specific Assignment Letter. Report Valid From: 1009/24to 2010/24J | ollect Market<br>eference No:<br>ob Fieldwork |                           |
|                                     |   | pplier to facilitate in his/her assignment.  | d is issued on                                | (Card Holder's Signature) |
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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<br>(Nos) | Rate Rs.<br>(Per Qty) |
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The above stated assignment will start from one and end on 2.s. follow The completed assignment should be delivered in required 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.

| Date: | 09 | 09 | 124    |
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| Signature: | Afreer | 1 |
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| Signed in the present | ce of: |           |
|-----------------------|--------|-----------|
| 1) Witness Name:      | Angly  | Sylastava |
| Contact number:       | 96504  | 115475    |
| Signature:            |        | A         |
| 2) Witness Name:      | Titend | og Verna  |

| Signature:       |                |
|------------------|----------------|
| 2) Witness Name: | Titendry Verna |
| Contact number:  | 9555108196     |
| Signature:       | Titut          |

| market xcel                  | 17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial  Estate, New Delhi, Delhi -110020  Executive Name: Titud rd Vernag  Mobile No.: 9555108196  | PIC of the freelancer  |
|------------------------------|---|--|
| Research Data by M Date of I | Aman Sharmay registered with us as a freelance supplier for and collecting data. He/She has been authorized to collect Market larket Xcel as per project specific Assignment Letter. Reference No: ssue: 09 09 24 Valid From: 10 09 140 20 10 10 10 10 10 10 10 10 10 10 10 10 10 | THE RESERVE OF THE PARTY OF THE |
|                              |   | (Card Holder's Signature)  |

## Assignment letter

| Freelancer Name Aman Sharma<br>House Address Kasmanda<br>SHapun  | Job No: 20240914  Job Title: Brand health study for Fieldwork Location: U.p Take | Freelancer Code: MX LKOF 2023-108 Reference No: Date: 09/09/24 |
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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<br>(Nos) | Rate Rs.<br>(Per Qty) |
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The above stated assignment will start from 10 Duand end on 2. The completed assignment should be delivered in required 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.

| Date:   | 09 09   | 124  |        |
|---------|---------|------|--------|
| Name of | signee: | Aman | Sharma |

| Signature: | Aman | sharmo | - |
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| Signed in the presen |                  |
|----------------------|------------------|
| 1) Witness Name:     | Anthy stivastave |
| Contact number:      | 9650415475       |
| Signature:           | An               |
|                      | Titendry Vermey  |
| Contact number:      | 9555108196       |
| Signature:           | dules            |

|  |  |  |   |  | THE REAL PROPERTY.        |
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| conducting interviews Research Data by M Date of   | Executive Name:  Mobile No.: 9 of the state  | Estate Phase 3 Rd, Okhl<br>Estate, New Delhi, Delhi<br>Titch of a Verm<br>555100106<br>Dalam registered with us<br>data. He/She has been and<br>er project specific Assignm<br>y Valid From: [0 09 14 th | as a freelance of the rest Letter. Report 16 24 | e supplier for<br>collect Market<br>deference No:<br>Job Fieldwork | PIC of the freelancer     |
| Location: 10-P   | Mobile No: 997   | 6530317 Address: This  | Authority Car                                   | d is issued on   | market was fill by        |
| the specific request of  | the freelance supp   | lier to facilitate in his/her assi   | gnment.   | the state of the state of  | and the party             |
| A CONTRACTOR OF THE PARTY OF TH | The last of the la | man be displayed   | San San   | of or the last being   | (Card Holder's Signature) |
|  | 20 40  | Assignment le  | tter  |  | to an enductional last    |
| Freelancer Name Agyi<br>House Address Mark   | n Visheau Karmo<br>ang Kanput<br>hat   | Job No: 20240924<br>Job Title: Brand health<br>Fieldwork Location: U.P   | Study for                                       | Reference No:  | :: MXLKOF2023-275         |

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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<br>(Nos) | Rate Rs.<br>(Per Qty) |
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Isolemnly 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:   | 09    | 09   | 24   | The second of the second |
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| Name of | fsign | nee: | Asyn | Vishwakamer              |
|         |       |      |      |                          |

Signature:

| 1) Witness Name: | Angly Stivastava |
|------------------|------------------|
| Contact number:  | 2650415475       |
| Signature:       | - Am             |
| 2) Witness Name: | Jitandra Venma   |
| Contact number:  | 255108126        |
| Signature:       | - Jobels         |
|                  |                  |

Signed in the presence of: