FORM 9
Consent to act as designated partner

To,
XXXX XXXXXXX LLP

I, XXXX XXXXXXX, son / daughter / wife of XXXX XXXXXXX, hereby give my consent to act as a designated partner of the above-named limited liability partnership.

DPIN / DIN: XXXXXXXX
PAN: XXXXXXXXXX
Email: XXXX@XXXX.XXX · Mobile: XXXXXXXXXX

I declare that I satisfy all the conditions and requirements for being eligible to act as a designated partner.

(Signature) _____ XXXX XXXXXXX

Place: XXXXXX · Date: XX.XX.XXXX