# Form 9

[See rule 7 and 10(8)]

# Consent to act as Designated Partner

**Note – All fields marked in \*are to be mandatorily filled.**

TO,

# FORU TECHNOLOGIES & SERVICES LLP

# BLOCK B2, SAI HARINI APARTMENT,

# RAM NAGAR SOUTH EXTENSION 17TH MAIN ROAD,

# MADIPAKKAM,

# CHENNAI – 600091

# TAMIL NADU

# INDIA

# Subject: Consent to act asDesignated Partner

I, S SUDHA, hereby give my consent to act as designated partner of the FORU TECHNOLOGIES & SERVICES LLP**,** pursuant to Section 7(3) of the Act.

# Particulars

1. \*Director Identification Number (DIN):-
2. \*Name: S SUDHA
3. \*Father’s /Husband’s Name: APPANA APPANA MURUGAN
4. \*Present residential address: 5/167-1 , Plot No 82 , Balaji Nagar Dasanayakkanpatty Salem-636201 TAMILNADU INDIA
5. \*Email: sudhaselvam77@gmail.com

I hereby state that I satisfy the conditions and requirements for being eligible to be a designated partner and I have not been disqualified to act as a designated partner.

To be signed by the designated partner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S SUDHA

Date: 26/06/2020

Place: SALEM, TAMIL NADU

# Form 9

[See rule 7 and 10(8)]

# Consent to act as Designated Partner

**Note – All fields marked in \*are to be mandatorily filled.**

TO,

# FORU TECHNOLOGIES & SERVICES LLP

# BLOCK B2, SAI HARINI APARTMENT,

# RAM NAGAR SOUTH EXTENSION 17TH MAIN ROAD,

# MADIPAKKAM,

# CHENNAI – 600091

# TAMIL NADU

# INDIA

# Subject: Consent to act as Designated Partner

# I, VALLIMAYIL UDAYAPPAN, hereby give my consent to act as Designated partner of FORU TECHNOLOGIES & SERVICES LLP, pursuant to Section 7(3) of the Act.

# Particulars

1. Director Identification Number (DIN): -
2. \*Name: VALLIMAYIL UDAYAPPAN
3. \*Father’s /Husband’s Name: SADHASIVAM
4. \*Present residential address: 6/34 E, THANJAVUR MAIN ROAD SENTHILNATHAN COMPLEX THUVAKUDI TIRUCHIRAPALLI- 620015 TAMIL NADU INDIA
5. \*Email:uvallimayil.foru@gmail.com

I hereby state that I satisfy the conditions and requirements for being eligible to be a Designated partner and I have not been disqualified to act as aDesignated partner.

To be signed by theDesignated partner:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VALLIMAYIL UDAYAPPAN

Date: 26/06/2020

Place: TIRUCHIRAPALLI, TAMIL NADU