

FORM no. 9
[See Rule 7 and 10(8)]
Consent to act as Designated Partner

To,
Techcoupling Solutions LLP

Sub: Consent to act as Designated Partner

I, Gourav Kumar Dodia, hereby give my consent to act as Designated Partner of the **Techcoupling Solutions LLP** pursuant to Section 7(3) of The Limited Liability Partnership Act, 2008. My particulars are as under:

1.DIN /DPIN :

2.Name: Gourav Kumar Dodia

3. Father's /Husband's Name: Mr. Ashok Kumar Dodia

4.Residential address: B-245, Veena Nagar, Indore (M.P.)-452010.

5.E-Mail ID: gouravkumardodia@gmail.com

6. List of the Companies/ LLPs in which he is a Director/ Designated partner: Nil

Sr. No.	Name of Company/LLP	CIN/ LLPIN
Nil	Nil	Nil

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.

Date: 01/11/2023
Place: Indore

Signed by the Designated Partner

FORM no. 9
[See Rule 7 and 10(8)]
Consent to act as Designated Partner

To,
Techcoupling Solutions LLP

Sub: Consent to act as Designated Partner

I, **Anurag Puranik**, hereby give my consent to act as Designated Partner of the **Techcoupling Solutions LLP** pursuant to Section 7(3) of The Limited Liability Partnership Act, 2008. My particulars are as under:

1. **DIN/DPIN :**
2. **Name:** Anurag Puranik
3. **Father's /Husband's Name:** Mr. Shambhu Dayal Puranik
4. **Residential address:** 352, DK-1, Scheme No. 74 C, Rajshree Hospital, Vijay Nagar, Indore (M.P.) 452010 IN
5. **E-Mail ID:** anuragpuranik@gmail.com

6. List of the Companies/ LLPs in which he is a Director/ Designated partner:

Sr. No.	Name of Company/LLP	CIN/ LLPIN
Nil	Nil	Nil

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.

Date: 01/11/2023
Place: Indore

Signed by the Designated Partner