

INVOICE

## SPECIALITY MEDICINES PRIVATE LIMITED

CIN: U85300GJ2021PTC120022

**INVOICE NO: SML T55** 

**DATE**: 23.05.2024

BILL TO: DROGARIA FARMAURORA LTDA RUARUA NATAL, 426 LETRA ANOVA LIMA, MG, BRAZIL CNJP: 17310055000109

SHIP TO: TO THE ORDER

QUANTITY	DESCRIPTION	UNIT PRICE USD	TOTAL USD
2 SETS (1 SET CONTAIN 1 VIAL)	HARMLESS PHARMACEUTICAL MEDICINES FOR HUMAN USE OCRELIZUMAB 300 MG/10 ML INJECTION MANUFACTURED BY: F. HOFFMANN-LA ROCHE LTD, SWITZERLAND BATCH NO.H0041827; MFG DATE:10/2023,EXP DATE:09/2025 (OCREVUS 300 MG INJECTION) HSN CODE:30021500	4485.00	8970.00
SUB TOTAL		8970.00	
ROUND OFF			00.00
SHIPPING & HANDLING		00.00	
TOTAL DUE			8970.00

TOTAL USD IN FIGURE: EIGHT THOUSAND NINE HUNDRED SEVENTY ONLY.

**PAYMENT TERMS: 100% ADVANCE BEFORE DELIVERY** 

**DELIVERY BY:** AIR CARGO, AMD, IND

**DELIVERY TIME: 4-5 DAYS AFTER CONFIRMATION OF PAYMENT** 

**DELIVERY TERMS: CIP, GRU, BRAZIL** 

BANK DETAILS: COMPANY NAME: SPECIALITY MEDICINES PVT LTD, BANK NAME: KOTAK MAHINDRA BANK, A/C NO: 7045862655,

SWIFT CODE NO: KKBKINBBXXX, IFS CODE: KKBK0000962, BRANCH: LOKHANDWLA

## **TERMS & CONDITIONS:**

- 1. PROFORMA INVOICE IS VALID FOR 30 DAYS FROM THE DATE OF ISSUE
- 2. THE PRODUCT PRICE MENTIONED IN THIS PROFORMA INVOICE IS VALID FOR THE DELIVERY OF THE ABOVE-ORDERED QUANTITY ONLY.
- 3. THE PRODUCT PRICE FOR THE NEXT ORDER WILL BE DISCUSSED AGAIN BETWEEN THE BUYER AND THE SELLER.
- 4. IN CASE OF PAYMENT BEING DONE BY ANY OTHER CURRENCIES EXCEPT THE ISSUED PRO-FORMA INVOICE CURRENCY, CONVERSION WOULD BE CALCULATED UNDER THE "EX-CHANGE RATE" OF PRO-FORMA INVOICE ISSUANCE DATE.

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