

## PROFORMA INVOICE

## **SPECIALITY MEDICINES PRIVATE LIMITED**

CIN: U85300GJ2021PTC120022

INVOICE NO: SMI PI 125 DATE: 05.07.2024

BILL TO: **ROXANA URGIUC** 

STREET: SOSEAUA ALEXANDRIEI NO. 229, MAMA FOOD RESTAURANT, POSTAL CODE

077025, COUNTRY: ROMANIA, COUNTY: ILFOV, CITY: BRAGADIRU PHONE: +40 728 87 87 85

EMAIL: ROXANA.URGIUC@GMAIL.COM

SHIP TO:

**ROXANA URGIUC** 

STREET: SOSEAUA ALEXANDRIEI NO. 229, MAMA FOOD RESTAURANT,

POSTAL CODE 077025, COUNTRY: ROMANIA,

COUNTY: ILFOV, CITY: BRAGADIRU

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QUANTITY	DESCRIPTION	UNIT PRICE USD	TOTAL USD
2 SETS (1 SET CONTAIN 20 CAPSULES)	HARMLESS PHARMACEUTICAL MEDICINES FOR HUMAN USE  LENVATINIB 4 MG CAPSULES  MANUFACTURED BY: EISAI CO. LTD, JAPAN  (LENVIMA 4 MG CAPSULE)  HSN CODE:300490	256.00	512.00
6 SETS (1 SET CONTAIN 20 CAPSULES)	HARMLESS PHARMACEUTICAL MEDICINES FOR HUMAN USE  LENVATINIB 10 MG CAPSULES  MANUFACTURED BY: EISAI CO. LTD, JAPAN  (LENVIMA 10 MG CAPSULE)  HSN CODE:300490	688.00	4128.00
-		SUB TOTAL	4640.00
ROUND OF			00.00
		SHIPPING & HANDLING	196.00

TOTAL DUE 4836.00

TOTAL USD IN FIGURE: FOUR THOUSAND EIGHT HUNDRED THIRTY SIX

PAYMENT TERMS: 100% ADVANCE BEFORE DELIVERY

**DELIVERY BY: DHL, AMD, IND** 

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

**DELIVERY TERMS: CIF, OTP, ROMANIA** 

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

7045862655.

## **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.

💼 Corp. Office: Unit-27, Andheri Sainath Premises Co-operative Society, 20 Mahakali Caves Road, Andheri (E), Mumbai-

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