

INVOICE

SPECIALITY MEDICINES PRIVATE LIMITED

CIN: U85300GJ2021PTC120022

INVOICE NO: SML T55 DATE: 23.05.2024

BILL TO:

PATIENT: PAULO ROBERTO RODRIGUES

ADDRESS: JAPURA ST., 75. BELO HORIZONTE-MG.

ZIP CODE: 31.130-760. BRAZIL

CPF: 511.579.696-15

SHIP TO:

PATIENT: PAULO ROBERTO RODRIGUES

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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	4210.00	8420.00
SUB TOTAL			8420.00
ROUND OFF			00.00
SHIPPING & HANDLING		550.00	
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.

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

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