
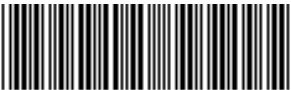

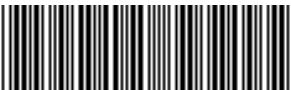


Developed By: Catalyst Soft Tech Phone: 858888154

<div><div>Metropolis Logistics Pvt Ltd K2-832,KHASRA NO.834, MATA CHOWK MAHIPALPUR NEW DELHI-110037 Phone: , Mobile: Email:</div></div>				<div>Payment Mode</div> <div>CREDIT</div>		<div>Transport Mode</div> <div>COURIER</div>		<div><div>*1063779*</div><div>SHIPPING DATE : 21.01.2022</div></div>						
ORIGIN		BANGALURU			DESTINATION		BANGALURU							
BILL TO: IRIS GLOBAL SERVICES PRIVATE LIMITED 1 BYPASS, ROAD, MAHIPALPUR EXTN SOUTH WEST DELHI NEW DELHI-110037 STATE NAME: DELHI CODE: 07 GSTIN No.: 07AACCI0718A2Z8				SENDER: SCHNEIDER ELECTRIC IT BUSINESS INDIA PVT LTD A 155, ROAD NO. 4, BANGALURU-562102 STATE NAME: KARNATAKA CODE: 29				SHIP TO: IRIS GLOBAL SERVICES BANGALORE BANGALURU-562123 STATE NAME: KARNATAKA CODE: 29 GSTIN No.:						
METHOD OF PACKING		DESCRIPTION (SAID TO CONTAIN)			VOLUME (CMS \ Inches)			NO. OF PIECES		CHARGES		FREIGHT		
		UPS						10		FREIGHT				
								ACTUAL WEIGHT		TO PAY CHARGES				
										RISK CHARGE				
										D/C				
										DOD/COD CHARGES				
										HANDLING CHARGES				
										OSC				
										FUEL SURCHARGE				
										TOTAL				
										GRAND TOTAL				
INVOICE NO. & DATE		E-WAYBILL NO			AT OWNER'S RISK / CARRIER'S RISK If insured, Details of Insurance Policy			700.000						
CA29210020555, CA2921/01/2022		111427040895, 151427040277, 151427041762			POLICY NO DATE INSURANCE COMPANY INSURED VALUE			CHARGED WEIGHT						
VALUE DECLARED (Rs.)		ADD. SERVICES					700.000							
1,896,684.80		CREDIT CUSTOMER CODE NO.: C02453			DACC TOPAY AMOUNT COD MR NO. DOD DATE									
RECEIVED ABOVE SHIPMENT IN ORDER AND IN GOOD CONDITIONS					SPECIAL INSTRUCTIONS			I/we hereby to the terms and condition setout on the reverse of this Consignor's copy and declare that contents of this way bill are true and correct. the to-pay Freight has my / our consent and will be paid by the consignee along with service charge as applicable at the time of delivery.						
SIGN.		STAMP						NAME CONSIGNOR'S SIGN						
NAME					<input type="checkbox"/> LIABILITY LIMITED TO RS 1000/-ONLY.			NAME RECEIVED BY METROPOLIS LOGISTICS PVT LTD						
PHONE					<input type="checkbox"/> WE CARRY UNDER CARRIER'S ACT			DATE & TIME BOOKING INCHARGE						


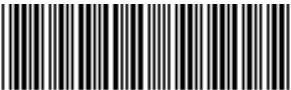
CONSIGNOR COPY

Developed By: Catalyst Soft Tech Phone: 858888154

<div><div>Metropolis Logistics Pvt Ltd K2-832,KHASRA NO.834, MATA CHOWK MAHIPALPUR NEW DELHI-110037 Phone: , Mobile: Email:</div></div>				<div>Payment Mode</div> <div>CREDIT</div>		<div>Transport Mode</div> <div>COURIER</div>		<div><div>*1063779*</div><div>SHIPPING DATE : 21.01.2022</div></div>						
ORIGIN		BANGALURU			DESTINATION		BANGALURU							
BILL TO: IRIS GLOBAL SERVICES PRIVATE LIMITED 1 BYPASS, ROAD, MAHIPALPUR EXTN SOUTH WEST DELHI NEW DELHI-110037 STATE NAME: DELHI CODE: 07 GSTIN No.: 07AACCI0718A2Z8				SENDER: SCHNEIDER ELECTRIC IT BUSINESS INDIA PVT LTD A 155, ROAD NO. 4, BANGALURU-562102 STATE NAME: KARNATAKA CODE: 29				SHIP TO: IRIS GLOBAL SERVICES BANGALORE BANGALURU-562123 STATE NAME: KARNATAKA CODE: 29 GSTIN No.:						
METHOD OF PACKING		DESCRIPTION (SAID TO CONTAIN)			VOLUME (CMS \ Inches)			NO. OF PIECES		CHARGES		FREIGHT		
		UPS						10		FREIGHT				
								ACTUAL WEIGHT		TO PAY CHARGES				
										RISK CHARGE				
										D/C				
										DOD/COD CHARGES				
										HANDLING CHARGES				
										OSC				
										FUEL SURCHARGE				
										TOTAL				
										GRAND TOTAL				
INVOICE NO. & DATE		E-WAYBILL NO			AT OWNER'S RISK / CARRIER'S RISK If insured, Details of Insurance Policy			700.000						
CA29210020555, CA2921/01/2022		111427040895, 151427040277, 151427041762			POLICY NO DATE INSURANCE COMPANY INSURED VALUE			CHARGED WEIGHT						
VALUE DECLARED (Rs.)		ADD. SERVICES					700.000							
1,896,684.80		CREDIT CUSTOMER CODE NO.: C02453			DACC TOPAY AMOUNT COD MR NO. DOD DATE									
RECEIVED ABOVE SHIPMENT IN ORDER AND IN GOOD CONDITIONS					SPECIAL INSTRUCTIONS			I/we hereby to the terms and condition setout on the reverse of this Consignor's copy and declare that contents of this way bill are true and correct. the to-pay Freight has my / our consent and will be paid by the consignee along with service charge as applicable at the time of delivery.						
SIGN.		STAMP						NAME CONSIGNOR'S SIGN						
NAME					<input type="checkbox"/> LIABILITY LIMITED TO RS 1000/-ONLY.			NAME RECEIVED BY METROPOLIS LOGISTICS PVT LTD						
PHONE					<input type="checkbox"/> WE CARRY UNDER CARRIER'S ACT			DATE & TIME BOOKING INCHARGE						

POD COPY

Developed By: Catalyst Soft Tech Phone:858888154

<div><div>Metropolis Logistics Pvt Ltd K2-832,KHASRA NO.834, MATA CHOWK MAHIPALPUR NEW DELHI-110037 Phone: , Mobile: Email:</div></div>				<div>Payment Mode</div> <div>CREDIT</div>		<div>Transport Mode</div> <div>COURIER</div>		<div> *1063779* SHIPPING DATE : 21.01.2022</div>						
ORIGIN		BANGALURU			DESTINATION		BANGALURU							
BILL TO: IRIS GLOBAL SERVICES PRIVATE LIMITED 1 BYPASS, ROAD, MAHIPALPUR EXTN SOUTH WEST DELHI NEW DELHI-110037 STATE NAME: DELHI CODE: 07 GSTIN No.: 07AACCI0718A2Z8				SENDER: SCHNEIDER ELECTRIC IT BUSINESS INDIA PVT LTD A 155, ROAD NO. 4, BANGALURU-562102 STATE NAME: KARNATAKA CODE: 29				SHIP TO: IRIS GLOBAL SERVICES BANGALORE BANGALURU-562123 STATE NAME: KARNATAKA CODE: 29 GSTIN No.:						
METHOD OF PACKING		DESCRIPTION (SAID TO CONTAIN)			VOLUME (CMS \ Inches)			NO. OF PIECES		CHARGES		FREIGHT		
		UPS						10		FREIGHT TO PAY CHARGES RISK CHARGE D/C DOD/COD CHARGES HANDLING CHARGES OSC FUEL SURCHARGE TOTAL GRAND TOTAL				
								ACTUAL WEIGHT						
INVOICE NO. & DATE		E-WAYBILL NO			AT OWNER'S RISK / CARRIER'S RISK If insured, Details of Insurance Policy			700.000						
CA29210020555, CA2921/01/2022		111427040895, 151427040277, 151427041762			POLICY NO INSURANCE COMPANY INSURED VALUE			CHARGED WEIGHT						
VALUE DECLARED (Rs.)		ADD. SERVICES			700.000									
1,896,684.80		CREDIT CUSTOMER CODE NO.: C02453			DACC COD DOD			TOPAY AMOUNT MR NO. DATE						
RECEIVED ABOVE SHIPMENT IN ORDER AND IN GOOD CONDITIONS					SPECIAL INSTRUCTIONS			I/we hereby to the terms and condition setout on the reverse of this Consignor's copy and declare that contents of this way bill are true and correct. the to-pay Freight has my / our consent and will be paid by the consignee along with service charge as applicable at the time of delivery.						
SIGN.		STAMP			<input type="checkbox"/> LIABILITY LIMITED TO RS 1000/-ONLY. <input type="checkbox"/> WE CARRY UNDER CARRIER'S ACT			NAME NAME DATE & TIME						
NAME								CONSIGNOR'S SIGN RECEIVED BY METROPOLIS LOGISTICS PVT LTD						
PHONE								BOOKING INCHARGE						

EDP COPY