

EXPORT INVOICE							Page 1 of 2		
Exporter				Invoice No.		SFK/2025/			
Name & Address				Date		29-11-2025			
SFK 47 Prashant Nagar				Email Order					
				Other Reference(s)					
				Buyer (if other than Consignee):					
Consignee									
Name & Address									
Julie Pearson 1818 S Quebec Way unit 5-3 Denver, CO 80231, US US				Country of Final Destination:		Third Party Export			
				Country of Origin:		Country of Final Des:			
(As per Annexure/Packing List)				India		As Per Annexure			
Carriage by Air				Place of Receipt by		Terms of Delivery and Payment			
				Pre-carrier		Mumbai			
				Port of Loading		Mumbai			
Port of Discharge: Mumbai				Final Destination		AS PER Annexure			
SR NO	Description of Goods					Unit/Qty	Rate USD	Total	
	HSN CODE	Product Name	Generic Name	Batch No	Exp. Date	Name of Manufacturer			
1	3004	Vidalista 5mg	Tadalafil	TV-010045	2028-06	CENTU	10	5.00	
2	3004	Cenforce 100mg	Sildenafil	C-411009	2028-06	CENTU	10	5.00	
3	3004	Ciplox 500	Ciprofloxacin	5SD0398	2028-08	CIP	5	2.50	
4	3004	Etozox 90mg	Etoricoxib	T2504636	2027-03	G.CI	10	4.00	
5	3004	Avaforce 100 Mg	Avanafil	TA-400014	2028-08	FORT	4	1.00	
6	3004	Toba DM Eye Drop	Tobramycin	FTC0013	2026-11	SUN	3	1.50	
7	3004	Vilitra 10 Mg	Vardenafil	TV-380031	2028-06	CENTU	5	2.00	
8	3004	Celeheal 200mg	Celecoxib	CC-1410025	2028-07	HEALI	10	5.00	
As per the regulatory requirements ... DL No.: 20 B/MH-NG2534008IEC Code: AEXFS0248B/ GSTIN: 27AEXFS0248B1ZV Bank: ICIC,Awasti Chowk Jaffer Nagar Nagpur Maharashtra Bank A/C No: 7896541230321456 / IFSC: ICIC00007395 SWIFT: ICICINBBCTS / AD Code: 3692058/64000000 Declaration: We declare that this Proforma Invoice shows actual price of goods described and that all particulars are true and correct.						For  Authorised Signatory			

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	HSN CODE	Product Name	Generic Name	Batch No	Exp. Date	Name of Manufacturer			
9	3004	Amoxyheal CV 1000 mg	Amoxycillin	TB250392	2027-08	HEALI	6	0.5	3.00
10	30045	Vidalista 20mg	Tadalafil	V-122005	2027-06	CENTU	40	0.4	16.00
<b>TOTAL</b>							45.00		
<b>FREIGHT</b>							35.00		
QTY		103		GRAND			80.00		
IN WORDS		EIGHTY							
<b>As per the regulatory requirements ... DL No.: 20 B/MH-NG2534008</b> IEC Code: <b>AEXFS0248B/</b> GSTIN: <b>27AEXFS0248B1ZV</b> Bank: <b>ICIC,Awasti Chowk Jaffer Nagar Nagpur Maharashtra</b> Bank A/C No: <b>7896541230321456</b> / IFSC: <b>ICIC00007395</b> SWIFT: <b>ICICINBBCTS</b> / AD Code: <b>3692058/6400000</b> <b>Declaration:</b> We declare that this Proforma Invoice shows actual price of goods described and that all particulars are true and correct.							For  Authorised Signatory		

