

105- 107, A wing ,Shree Raj Enclave, Near Family Care Hospital, Opp Seven Squre Acadaemy Mira Road, Thane 401107

				hane 401107			
			T	AX INVOICE			
CUSTOMER'S NAME			Invoice No.:		CYP25/000250		
BHUPESH JAIN & ASSOCIATES				Invoice Date:		26-06-2025	
Email:- cabhupeshjain@gmail.com							
GSTIN: - 27ARVPJ6606R1ZR						5th floor, Office no 61A, 20/24 Pragji	
State : Maharashtra		State Code : 27		ADDRESS:		Vrindavan CHS, Dhirubhai Parekh Marg, Kalbadevi, Mumbai, Mumbai, Maharashtra, 400002	
SR.	Deta	ils	No. of	Cost per	LICNI/CAC		AMOUNT
1	Bank Statemer	nt + Tally	Statements	Statement	HSN/SAC		10000.00
	upload valid fo	•			997331	Sub Total	10000.00
	(Unlimited Offl	ine)				CGST @ 9%	900.00
						SGST @ 9%	900.00
						IGST @ 18%	
						Grand total	11800
Amount i	n Words :- Elev	en Thousa	nd And Eight	Hundred Only			
TAXABLE		IGST	CENTRAL TAX		STA	те тах	
VALUE			RATE	AMOUNT	RATE	AMOUNT	AMOUNT
10,000.00)		0.09	900.00	0.09	900.00	1800.00
Tax Amou	ınt in Words:- (One Thous	and And Eight	Hundred Only	ļ		
NOTE:- A	II payments n	nade via c	heques to be	e addressed to	o: CypherS	OL Fintech Ind	lia Pvt. Ltd.
PAN AAKCC9857C					COMPANY'S BANK DETAILS		
GSTIN 27AAKCC9857C1ZB				Karnataka Bank			
				A/C NO.	6272000100026401		
				IFSC CODE	KARB0000627		
				BRANCH	CBS		
						-De	Secare_
						Authorised	Signatory
			E.& O.E. Subj	ect to Mumbai	Juridiction		