

Request for Pre-Authorized Checking Plan

*Asterisk denotes mandatory fields

Purpose of this form	Use this form to request a Pre-Authorized debit transaction		
Terms used in this form	<i>Foresters Financial™ or Insurer or We</i> means The Independent Order of Foresters. Certificate means a certificate or policy issued by the Insurer.		
Certificate Information	Certificate number(s)*	Insured name(s)*	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
Payer Information (Account Holder)– as written on account	Payer's name*	Joint Payer's name	
	<input type="text"/>	<input type="text"/>	
	Address (apartment number, street number and name)*		Payer's Email
	<input type="text"/>		<input type="text"/>
	City/Town*	State*	Zip Code*
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Primary telephone (include area code)*		Work or alternate telephone (include area code)
	<input type="text"/>		<input type="text"/>
Bank Information	Payment Frequency*	Type of Account*	
	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually	<input type="radio"/> Checking <input type="radio"/> Savings	
‡Please attach a VOID check	Select applicable option: * <input type="radio"/> Void check attached‡ <input type="radio"/> Void check is not available. Please use the following banking information: Name of financial institution: * <input type="text"/>		
Routing number starting with 5 will not be accepted	Routing Number (9 digits)*	Account Number*	
	<input type="text"/>	<input type="text"/>	

Request for Pre-Authorized Checking Plan (continued)

*Asterisk denotes mandatory fields

Certificate Number(s)

--	--	--	--

Third Party Determination

Complete this section if the payer named above is not an Owner or an Insured under a Certificate listed on the form.

Full legal name of third party (first, middle, last), or corporation/entity

--

Date of birth (mm/dd/yyyy)

--

Type of third party

--

Relationship to Owner(s)

--

Detailed occupation or nature of business

--

Address (apartment number, street number and name)

--

City/Town

--

State

--

Zip Code

--

Registration number if a corporation

--

Jurisdiction of Incorporation

--

If unable to provide the information above about a third party, provide details as to why:

--

Pre-Authorized Checking Plan Agreement

The payer, by signing below, verifies that the payer is an account holder of the account identified in the Bank Information section of this form and is permitted to provide this authorization, and agrees that:

1. Foresters is authorized to electronically draft premiums and/or other payments related to the certificate(s) listed in this form, from that account or another account later identified or substituted by, or on behalf of, the payer, such as for additional coverage, loan repayment(s) or for premium deposit funds.
2. The financial institution from which the deductions are to be drafted is authorized to treat each such draft by Foresters as though it was made personally by the payer.
3. Foresters reserves the right to determine when the first deduction and each subsequent deduction, if any, will be made and the amount of each deduction; subsequent deduction amounts may vary.
4. If a deduction request is not honored when submitted to the financial institution, Foresters may, at its sole discretion, do further resubmits for the deduction.
5. This authorization is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time upon request to the other. I understand that Foresters requires at least 30 days prior notice in order to cancel this authorization.

This authorization must be signed by the account holder as his/her name appears on the records for the account provided.

Note: If joint account, both payers must sign authorization form

Payment deductions under this Agreement are:*

☐ Personal

☐ Business related

Signature of Payer (account holder)

X

Date (mm/dd/yyyy)

--

Signature of Joint Payer (account holder), if applicable

X

Date (mm/dd/yyyy)

--

For further information or to cancel this PAC Agreement contact Foresters Financial at: P.O. Box 179, Buffalo, NY, 14201-0179, Tel: 1-800-828-1540, Email: service@foresters.com

Request for Pre-Authorized Checking Plan

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Purpose of this form	Use this form to request a Pre-Authorized debit transaction		
Terms used in this form	Foresters Financial [™] or Insurer or We means The Independent Order of Foresters. Certificate means a certificate or policy issued by the Insurer.		
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	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
Payer Information (Account Holder)– as written on account	Payer's name*	Joint Payer's name	
	<input type="text"/>	<input type="text"/>	
	Address (apartment number, street number and name)*		Payer's Email
	<input type="text"/>		<input type="text"/>
	City/Town*	State*	Zip Code*
	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>		<input type="text"/>
Bank Information	Payment Frequency*	Type of Account*	
	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually	<input type="radio"/> Checking <input type="radio"/> Savings	
‡Please attach a VOID check	Select applicable option: * <input type="radio"/> Void check attached ‡ <input type="radio"/> Void check is not available. Please use the following banking information: Name of financial institution: * <input type="text"/>		
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Request for Pre-Authorized Checking Plan (continued)

*Asterisk denotes mandatory fields

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Complete this section if the payer named above is not an Owner or an Insured under a Certificate listed on the form.

Full legal name of third party (first, middle, last), or corporation/entity

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Date of birth (mm/dd/yyyy)

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Type of third party

--

Relationship to Owner(s)

--

Detailed occupation or nature of business

--

Address (apartment number, street number and name)

--

City/Town

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State

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1. Foresters is authorized to electronically draft premiums and/or other payments related to the certificate(s) listed in this form, from that account or another account later identified or substituted by, or on behalf of, the payer, such as for additional coverage, loan repayment(s) or for premium deposit funds.
2. The financial institution from which the deductions are to be drafted is authorized to treat each such draft by Foresters as though it was made personally by the payer.
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☐ Business related

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Date (mm/dd/yyyy)

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Signature of Joint Payer (account holder), if applicable

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Date (mm/dd/yyyy)

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	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	
Payer Information (Account Holder)– as written on account	Payer's name*	Joint Payer's name	
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	<input type="text"/>		<input type="text"/>
	City/Town*	State*	Zip Code*
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Primary telephone (include area code)*		Work or alternate telephone (include area code)
	<input type="text"/>		<input type="text"/>
Bank Information	Payment Frequency*	Type of Account*	
	<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually	<input type="radio"/> Checking <input type="radio"/> Savings	
‡Please attach a VOID check	Select applicable option: * <input type="radio"/> Void check attached ‡ <input type="radio"/> Void check is not available. Please use the following banking information: Name of financial institution: * <input type="text"/>		
Routing number starting with 5 will not be accepted	Routing Number (9 digits)*	Account Number*	
	<input type="text"/>	<input type="text"/>	

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Certificate Number(s)

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Payment deductions under this Agreement are:*

☐ Personal

☐ Business related

Signature of Payer (account holder)

X

Date (mm/dd/yyyy)

--

Signature of Joint Payer (account holder), if applicable

X

Date (mm/dd/yyyy)

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For further information or to cancel this PAC Agreement contact Foresters Financial at: P.O. Box 179, Buffalo, NY, 14201-0179, Tel: 1-800-828-1540, Email: service@foresters.com

Reliance Retail Limited

2nd Floor, No.62/2, RIL Building, Richmond Road,
Bangaluru Urban, Bangalore Bangalore Karnataka 560025

(Original for Recipient)

Tax Invoice**Invoice No :** 29R25R9991112658**PAN No :** AABCR1718E**Order Ref. No. :** TB00003H2ZJ7**Mode of Payment :** UPI**Invoice/Payment Date & Time :** 04 Sep,2024 10:32:34**GST No :** 29AABCR1718E1ZL**Payment Ref. No. :**
20240904210500000038037990041892**Customer Name :** Sujithkumar Padinjare
Puthenpurayil Sukumaran
Jio Number : 8079643512**Place of Supply :** 29 Karnataka**Customer Address :** Sigma A102, Sigma A102,DX max sigma A,
Bangalore South, Gollahalli, Near SBI ATM, 29,
Karnataka, 560099

Sr. No.	Item Name	HSN/SAC	Qty	MRP/Unit(₹)	Discount(₹)	Taxable Amount(₹)
1	JioFiber_1M_999	998422	1	1038.40	0.00	880.00
2	Platform Services - JioFiber_1M_999	998439	1	140.42	0.00	119.00

Total Taxable Amount 999.00**CGST (9%)** 89.91**SGST (9%)** 89.91**Total Amount(₹)** 1178.82**Total Amount (in words)****One Thousand One Hundred Seventy Eight Rupees Eighty Two Paise Only**

Telecommunication services to be provided by Reliance Jio Infocomm Limited. Platform services to be provided by Jio Platforms Limited. All disputes are subjected to Mumbai Jurisdiction. Tax is not payable under Reverse Charge basis for

Declaration : Certified that all the particulars given above are true and correct

Digitally signed by DS RELIANCE RETAIL LIMITED
Date: 2024.09.17 21:42:28 IST
Reason: Invoice
Location: 29 Karnataka

Digital Signature

Registered Office: Reliance Retail Limited 3rd floor, Court House, Lokmanya Tilak Marg, Dhobi Talao, Mumbai - 400002
CIN: U01100MH1999PLC120563 www.relianceretail.com

Reliance Retail Limited

2nd Floor, No.62/2, RIL Building, Richmond Road, Bangaluru Urban, Bangalore Bangalore Karnataka 560025

(Original for Recipient)

Payment Receipt

Payment Receipt No : TB00003H2ZJ7		Date : 04 Sep,2024 10:32:34		
Order Ref No : TB00003H2ZJ7				
Customer Name : Sujithkumar Padinjare Puthenpurayil Sukumaran		Customer Address : Sigma A102, Sigma A102,DX max sigma A, Bangalore South, Gollahalli, Near SBI ATM, 29, Karnataka, 560099		
Jio Number : 8079643512				
Sr. No.	Plan Details	Qty	MRP/Unit(₹)	Total(₹)
1	JioFiber_1M_999	1	1178.82	1178.82
Total Amount (₹)				1178.82
Total Amount (in words)		One Thousand One Hundred Seventy Eight Rupees Eighty Two Paisa Only		
Declaration : Certified that all the particulars given above are true and correct.				
This is a computer generated payment receipt, hence does not require signature.				
Registered Office: Reliance Retail Limited 3rd floor, Court House, Lokmanya Tilak Marg, Dhobi Talao, Mumbai - 400002 CIN: U01100MH1999PLC120563 www.relianceretail.com				



**ACTRIA CONVERGENCE
TECHNOLOGIES LIMITED,**
Golden Heights M.NO.1/2,
59TH C Cross,4TH M Block
Rajajinagar, Bangalore, 560010
Ph.No : 080-42840000
E-mail : helpdesk.blr@actcorp.in
GSTIN : 29AACA8907B1ZU

Name : SUJITH KUMAR P S

Address : A102 DX MAX SIGMA GOLLAHALI MAIN ROAD
ELECTRONIC CITY PHASE 1

Bangalore
Karnataka
India

Zip Code: 560100

Home : 9611734048

Mobile : 9611734048

GSTIN : 0

User Id : 102016473393

Account No : 102016473393

Invoice No. : KA-B1-6505081

Invoice Date : 01/01/2019

Invoice Period : 01/01/2019 - 31/01/2019

Due Date : 15/01/2019

Previous Due ₹	Payments Received ₹	Adjustments ₹	Invoice Amount ₹	Balance Amount ₹	Amount Payable ₹	Amount Payable ₹ If paid after due date
2,358.82	2,358.82	0	2,358.82	2,358.82	2,358.82	2,508.82

Invoice Charges

Account No: 102016473393

User Name:102016473393

Txn No	Txn Date	Period	Description	HSN Code	Package/Goods Description	Rate	Unit	Quantity	Discount	Taxable Amount	CGST Rate %	CGST Amount	SGST Rate %	SGST Amount	Amount Incl. Tax
KA-B1-6505081,2	01/01/2019	01/01/2019 - 31/01/2019	Internet telecommunications services	9984	ACT Incredible	1999	Per Month	31 days	0	1,999	9	179.91	9	179.91	2,358.82
Sub Total:										1,999		179.91		179.91	2,358.82

Invoice Amount:		1,999	179.91	179.91	2,358.82
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Payments Received

Account No: 102016473393

User Name:102016473393

RefNo	Txn Date	Details	Amount	Total	Remarks
P1-928940	15/12/2018	Payment: Online Mode	2,358.82	2,358.82	AMAZONPayment for subscriber - 102016473393
Payments :				2,358.82	
Total Payments :				2,358.82	

Registered office address: No. 1, 2nd and 3rd Floor, Indian Express Building, Queens Road, Bangalore - 560001.
CIN no: U72900KA2000PLC027290 Tel: 08042884288 Fax no: 080-42884200

**INCREDIBLE
CONVENIENCE AT
YOUR FINGERTIPS**

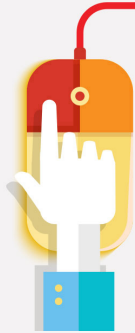
Download the all new ACT Fibernet App

Install now



Terms and Conditions

1. Cheques to be in favour of "M/s ATRIA CONVERGENCE TECHNOLOGIES LIMITED".
2. In case of cheque bounce, Rs.100/- penalty will be levied.
3. 18% interest will be levied on overdue payments
4. ACT Shall levy late fee charge in case the bill is paid after the due date
5. In case of overdue/ defaults, the right to deactivate your services, is reserved.
6. All disputes are subject to Kamataka jurisdiction.
7. Unless otherwise stated,tax on this invoice is not payable under reverse charge.
8. This Invoice is system generated hence signature and stamp is not required



Now you can pay your ACT Fibernet bill online.

Visit our website www.actcorp.in and go to the "Pay Bill" option to pay with your Visa/ Master card anywhere/ anytime.

Remittance Slip

Mode Of Payment	:	Collection Date	:	Cash/Cheque/DD	:
Amount enclosed	:	EmployeeName	:	Bank & Branch Details	:
AccountNo	:	Subscriber Name	:	UserName	:
Bill Number	:				

Reliance Retail Limited

2nd Floor, No.62/2, RIL Building, Richmond Road,
Bangaluru Urban, Bangalore Bangalore Karnataka 560025

(Original for Recipient)

Tax Invoice**Invoice No :** 29R25R99999906914**PAN No :** AABCR1718E**Order Ref. No. :** TB00003FGJZA**Mode of Payment :** Credit Card**Invoice/Payment Date & Time :** 05 Aug,2024 10:08:49**GST No :** 29AABCR1718E1ZL**Payment Ref. No. :**
20240805210580000027160350232943**Customer Name :** Sujithkumar Padinjare
Puthenpurayil Sukumaran
Jio Number : 8079643512**Place of Supply :** 29 Karnataka**Customer Address :** Sigma A102, Sigma A102,DX max sigma A,
Bangalore South, Gollahalli, Near SBI ATM, 29,
Karnataka, 560099

Sr. No.	Item Name	HSN/SAC	Qty	MRP/Unit(₹)	Discount(₹)	Taxable Amount(₹)
1	JioFiber_1M_999	998422	1	1038.40	0.00	880.00
2	Platform Services - JioFiber_1M_999	998439	1	140.42	0.00	119.00

Total Taxable Amount 999.00**CGST (9%)** 89.91**SGST (9%)** 89.91**Total Amount(₹)** 1178.82**Total Amount (in words)****One Thousand One Hundred Seventy Eight Rupees Eighty Two Paise Only**

Telecommunication services to be provided by Reliance Jio Infocomm Limited. Platform services to be provided by Jio Platforms Limited. All disputes are subjected to Mumbai Jurisdiction. Tax is not payable under Reverse Charge basis for

Declaration : Certified that all the particulars given above are true and correct

Digitally signed by DS RELIANCE RETAIL LIMITED
Date: 2024.09.17 21:41:28 IST
Reason: Invoice
Location: 29 Karnataka

Digital Signature

Registered Office: Reliance Retail Limited 3rd floor, Court House, Lokmanya Tilak Marg, Dhobi Talao, Mumbai - 400002
CIN: U01100MH1999PLC120563 www.relianceretail.com

Reliance Retail Limited

2nd Floor, No.62/2, RIL Building, Richmond Road, Bangaluru Urban, Bangalore Bangalore Karnataka 560025

(Original for Recipient)

Payment Receipt

Payment Receipt No : TB00003FGJZA		Date : 05 Aug,2024 10:08:49		
Order Ref No : TB00003FGJZA				
Customer Name : Sujithkumar Padinjare Puthenpurayil Sukumaran		Customer Address : Sigma A102, Sigma A102,DX max sigma A, Bangalore South, Gollahalli, Near SBI ATM, 29, Karnataka, 560099		
Jio Number : 8079643512				
Sr. No.	Plan Details	Qty	MRP/Unit(₹)	Total(₹)
1	JioFiber_1M_999	1	1178.82	1178.82
Total Amount (₹)				1178.82
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Reliance Retail Limited

2nd Floor, No.62/2, RIL Building, Richmond Road,
Bangaluru Urban, Bangalore Bangalore Karnataka 560025

(Original for Recipient)

Tax Invoice

Invoice No : 29R25R9999656536

PAN No : AABCR1718E

Order Ref. No. : TB00003DAQM9

Mode of Payment : Credit Card

Invoice/Payment Date & Time : 28 Jun,2024 09:51:08

GST No : 29AABCR1718E1ZL

Payment Ref. No. : pay_OS2yJ60fA2sEg8

Customer Name : Sujithkumar Padinjare
Puthenpurayil Sukumaran

Jio Number : 8079643512

Place of Supply : 29 Karnataka

Customer Address : Sigma A102, Sigma A102,DX max sigma A,
Bangalore South, Gollahalli, Near SBI ATM, 29,
Karnataka, 560099

Sr. No.	Item Name	HSN/SAC	Qty	MRP/Unit(₹)	Discount(₹)	Taxable Amount(₹)
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Total Taxable Amount 999.00

CGST (9%) 89.91

SGST (9%) 89.91

Total Amount(₹) 1178.82

Total Amount (in words)

One Thousand One Hundred Seventy Eight Rupees Eighty Two Paise Only

Telecommunication services to be provided by Reliance Jio Infocomm Limited
Platform services to be provided by Jio Platforms Limited
All disputes are subjected to Mumbai Jurisdiction
Tax is not payable under Reverse Charge basis for this supply.

Declaration : Certified that all the particulars given above are true and correct

Digitally signed by DS RELIANCE RETAIL LIMITED
Date: 2024.08.02 19:37:09 IST
Reason: Invoice
Location: 29 Karnataka

Digital Signature

Registered Office: Reliance Retail Limited 3rd floor, Court House, Lokmanya Tilak Marg, Dhobi Talao, Mumbai - 400002
CIN: U01100MH1999PLC120563 www.relianceretail.com

Reliance Retail Limited

2nd Floor, No.62/2, RIL Building, Richmond Road, Bangaluru Urban, Bangalore Bangalore Karnataka 560025

(Original for Recipient)

Payment Receipt

Payment Receipt No : TB00003DAQM9		Date : 28 Jun,2024 09:51:08		
Order Ref No : TB00003DAQM9				
Customer Name : Sujithkumar Padinjare Puthenpurayil Sukumaran		Customer Address : Sigma A102, Sigma A102,DX max sigma A, Bangalore South, Gollahalli, Near SBI ATM, 29, Karnataka, 560099		
Jio Number : 8079643512				
Sr. No.	Plan Details	Qty	MRP/Unit(₹)	Total(₹)
1	JioFiber_1M_999	1	1178.82	1178.82
Total Amount (₹)				1178.82
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Registered Office: Reliance Retail Limited 3rd floor, Court House, Lokmanya Tilak Marg, Dhobi Talao, Mumbai - 400002 CIN: U01100MH1999PLC120563 www.relianceretail.com				

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 10-Q

☒ **QUARTERLY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the Quarterly Period Ended March 31, 2020

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the Transition Period From

to

Commission File Number 001-37845

MICROSOFT CORPORATION

WASHINGTON
(STATE OF INCORPORATION)

91-1144442
(I.R.S. ID)

ONE MICROSOFT WAY, REDMOND, WASHINGTON 98052-6399
(425) 882-8080
www.microsoft.com/investor

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of exchange on which registered
Common stock, \$0.00000625 par value per share	MSFT	NASDAQ
2.125% Notes due 2021	MSFT	NASDAQ
3.125% Notes due 2028	MSFT	NASDAQ
2.625% Notes due 2033	MSFT	NASDAQ

Securities registered pursuant to Section 12(g) of the Act:

NONE

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒

Non-accelerated filer ☐

Accelerated filer ☐

Smaller reporting company ☐

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

Indicate the number of shares outstanding of each of the issuer's classes of common stock, as of the latest practicable date.

Class	Outstanding as of April 24, 2020
Common Stock, \$0.00000625 par value per share	7,583,440,247 shares



Invoice

(Original for the Receipt)



**ACTRIA CONVERGENCE
TECHNOLOGIES LIMITED,**
Golden Heights M.NO.1/2,
59TH C Cross,4TH M Block
Rajajinagar, Bangalore, 560010
Ph.No : 9121212121,7288999999
E-mail : helpdesk.blr@actcorp.in
GSTIN : 29AACA8907B1ZU

Name : SUJITH KUMAR P S

Address : A102 DX MAX SIGMA GOLLAHALI MAIN ROAD
ELECTRONIC CITY PHASE 1

Bangalore

Karnataka

India

Zip Code: 560100

Home : 9611734048

Mobile : 9611734048

GSTIN : 0

User Id : 102016473393

Account No : 102016473393

Invoice No. : KA-B1-46874223

Invoice Date : 01/03/2021

Invoice Period : Mar/2021

Due Date : 15/03/2021

Previous Due ₹	Payments Received ₹	Adjustments ₹	Invoice Amount ₹	Balance Amount ₹	Amount Payable ₹	Amount Payable ₹ If paid after due date
2,358.82	2,358.82	0	2,358.82	2,358.82	2,358.82	2,508.82

Invoice Charges

Account No: 102016473393

User Name:102016473393

Txn No	Txn Date	Period	Description	HSN Code	Package/Goods Description	Rate	Unit	Quantity	Discount	Taxable Amount	CGST Rate %	CGST Amount	SGST Rate %	SGST Amount	Amount Incl. Tax
KA-B1-46874223,2	01/03/2021	01/03/2021 - 31/03/2021	Internet telecommunications services	998422	ACT Incredible	1999	Per Month	31 days	0	1,999	9	179.91	9	179.91	2,358.82
Sub Total:										1,999		179.91		179.91	2,358.82

Invoice Amount:	1,999	179.91	179.91	2,358.82
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Payments Received

Account No: 102016473393

User Name:102016473393

RefNo	Txn Date	Details	Amount	Total	Remarks
P1-26691979	14/02/2021	Payment: Online Mode	2,358.82	2,358.82	PayTMSI-Payment for subscriber - 102016473393
Payments :				2,358.82	
Total Payments :				2,358.82	

Registered office address: No. 1, 2nd and 3rd Floor, Indian Express Building, Queens Road, Bangalore - 560001.

CIN no: U72900KA2000PLC027290 Tel: 08042884288 Fax no: 080-42884200

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Terms and Conditions

1. Cheques to be in favour of "M/s ATRIA CONVERGENCE TECHNOLOGIES LIMITED".
2. In case of cheque bounce, Rs.100/- penalty will be levied.
3. 18% interest will be levied on overdue payments
4. ACT Shall levy late fee charge in case the bill is paid after the due date
5. In case of overdue/ defaults, the right to deactivate your services, is reserved.
6. All disputes are subject to Karnataka jurisdiction.
7. Unless otherwise stated,tax on this invoice is not payable under reverse charge.
8. This Invoice is system generated hence signature and stamp is not required

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Remittance Slip

Mode Of Payment	:	Collection Date	:	Cash/Cheque/DD	:
Amount enclosed	:	EmployeeName	:	Bank & Branch Details	:
AccountNo	:	Subscriber Name	:	UserName	:
Bill Number	:				



Invoice

(Original for the Receipt)



**ACTRIA CONVERGENCE
TECHNOLOGIES LIMITED,**
Golden Heights M.NO.1/2,
59TH C Cross,4TH M Block
Rajajinagar, Bangalore, 560010
Ph.No : 9121212121,7288999999
E-mail : helpdesk.blr@actcorp.in
GSTIN : 29AACA8907B1ZU

Name : SUJITH KUMAR P S

Address : A102 DX MAX SIGMA GOLLAHALI MAIN ROAD
ELECTRONIC CITY PHASE 1

Bangalore

Karnataka

India

Zip Code: 560100

Home : 9611734048

Mobile : 9611734048

GSTIN : 0

User Id : 102016473393

Account No : 102016473393

Invoice No. : KA-B1-48243865

Invoice Date : 01/04/2021

Invoice Period : Apr/2021

Due Date : 15/04/2021

Previous Due ₹	Payments Received ₹	Adjustments ₹	Invoice Amount ₹	Balance Amount ₹	Amount Payable ₹	Amount Payable ₹ If paid after due date
2,358.82	2,358.82	0	2,358.82	2,358.82	2,358.82	2,508.82

Invoice Charges

Account No: 102016473393

User Name:102016473393

Txn No	Txn Date	Period	Description	HSN Code	Package/Goods Description	Rate	Unit	Quantity	Discount	Taxable Amount	CGST Rate %	CGST Amount	SGST Rate %	SGST Amount	Amount Incl. Tax
KA-B1-48243865,2	01/04/2021	01/04/2021 - 30/04/2021	Internet telecommunications services	998422	ACT Incredible	1999	Per Month	30 days	0	1,999	9	179.91	9	179.91	2,358.82
Sub Total:										1,999		179.91		179.91	2,358.82

Invoice Amount:	1,999	179.91	179.91	2,358.82
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Payments Received

Account No: 102016473393

User Name:102016473393

RefNo	Txn Date	Details	Amount	Total	Remarks
P1-27775766	14/03/2021	Payment: Online Mode	2,358.82	2,358.82	PayTMSI-Payment for subscriber - 102016473393
Payments :				2,358.82	
Total Payments :				2,358.82	

Registered office address: No. 1, 2nd and 3rd Floor, Indian Express Building, Queens Road, Bangalore - 560001.

CIN no: U72900KA2000PLC027290 Tel: 08042884288 Fax no: 080-42884200

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Remittance Slip

Mode Of Payment	:	Collection Date	:	Cash/Cheque/DD	:
Amount enclosed	:	EmployeeName	:	Bank & Branch Details	:
AccountNo	:	Subscriber Name	:	UserName	:
Bill Number	:				



Invoice

(Original for the Receipt)



**ACTRIA CONVERGENCE
TECHNOLOGIES LIMITED,**
Golden Heights M.NO.1/2,
59TH C Cross,4TH M Block
Rajajinagar, Bangalore, 560010
Ph.No : 9121212121,7288999999
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ELECTRONIC CITY PHASE 1

Bangalore

Karnataka

India

Zip Code: 560100

Home : 9611734048

Mobile : 9611734048

GSTIN : 0

User Id : 102016473393

Account No : 102016473393

Invoice No. : KA-B1-50261828

Invoice Date : 01/05/2021

Invoice Period : May/2021

Due Date : 15/05/2021

Previous Due ₹	Payments Received ₹	Adjustments ₹	Invoice Amount ₹	Balance Amount ₹	Amount Payable ₹	Amount Payable ₹ If paid after due date
2,358.82	2,358.82	0	2,358.82	2,358.82	2,358.82	2,508.82

Invoice Charges

Account No: 102016473393

User Name:102016473393

Txn No	Txn Date	Period	Description	HSN Code	Package/Goods Description	Rate	Unit	Quantity	Discount	Taxable Amount	CGST Rate %	CGST Amount	SGST Rate %	SGST Amount	Amount Incl. Tax
KA-B1-50261828,2	01/05/2021	01/05/2021 - 31/05/2021	Internet telecommunications services	998422	ACT Incredible	1999	Per Month	31 days	0	1,999	9	179.91	9	179.91	2,358.82
Sub Total:										1,999		179.91		179.91	2,358.82
Invoice Amount:										1,999		179.91		179.91	2,358.82

Payments Received

Account No: 102016473393

User Name:102016473393

RefNo	Txn Date	Details	Amount	Total	Remarks
P1-28916239	14/04/2021	Payment: Online Mode	2,358.82	2,358.82	PayTMSI-Payment for subscriber - 102016473393
Payments :				2,358.82	
Total Payments :				2,358.82	

Registered office address: No. 1, 2nd and 3rd Floor, Indian Express Building, Queens Road, Bangalore - 560001.
CIN no: U72900KA2000PLC027290 Tel: 08042884288 Fax no: 080-42884200

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Remittance Slip

Mode Of Payment	:	Collection Date	:	Cash/Cheque/DD	:
Amount enclosed	:	EmployeeName	:	Bank & Branch Details	:
AccountNo	:	Subscriber Name	:	UserName	:
Bill Number	:				