



**ATRIA CONVERGENCE
TECHNOLOGIES PVT.LTD,**
Golden Heights M.NO.1/2,
59TH C Cross,4TH M Block
Rajajinagar, Bangalore, 560010
Ph.No : 080-42840000
E-mail : helpdesk@acttv.in
GSTIN : 29AACCA8907BIZU

Name : VAIBHAV KUMAR GUPTA
Address : Flat C1202 Bren Champions Square
Sarjapur Road
BANGALORE
India,560037
Home:7569248099
Mobile : 7569248099
GSTIN :

User Id : 102017043872
Invoice No. : KA301471738402
Invoice Date : 01/09/2022
Invoice Period : 01/09/2022-30/09/2022
Due Date : 15/09/2022

Previous Due ₹	Payments Received ₹	Adjustments ₹	Current Charges ₹	Invoice Amount ₹	Balance Amount ₹	Balance Amount ₹ (If paid after 15th of the month)
0.00	0.00	0.00	1,296.82	1,296.82	1,296.82 Dr	1,396.82 Dr

Invoice Charges

Account No: 102017043872

User Name: 102017043872

Txn No	Txn Date	Period	Service/Goods Description	SAC/HSN Code	Package/Goods Description	Rate	Unit	Quantity	Discount	Taxable Amount	CGST Rate %	CGST Amount	SGST Rate %	SGST Amount	Amount Incl. Tax
41402436594	01 Sep-22	01/09/2022 - 30/09/2022	Online Information and Data	00440153	ACT Storm	1,149.00	Per Month	30 Days	-50	1,099.00	9	98.91	9	98.91	1,296.82
Sub Total:										1099		98.91		98.91	1,296.82
Invoice Amount:										1,099.00		98.91		98.91	1,296.82

Registered office address: No. 1, 2nd and 3rd Floor, Indian Express Building, Queens Road, Bangalore - 560001.
CIN no: U72900KA2000PTC027290 Tel: 08042884288 Fax no: 080-42884200

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Terms and Conditions

- Cheques to be in favour of "M/s Atria Convergence Technologies Private limited".
- In case of cheque bounce, Rs.100/- penalty will be levied.
- 18% interest will be levied on overdue payments
- ACT Shall levy late fee charge in case the bill is paid after the due date
- In case of overdue/ defaults, the right to deactivate your services, is reserved.
- 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	:				