

| SHIPPER'S LETTER OF INSTRUCTIONS | | | | | | | | | | | |
|--|--|-------------------------------------|--|--|--|---|--|---|--|---|--|
| Date: | | | | | | | | | | | |
| FedEx A/c No. | | 520855343 | | Invoice No. | | E131 | | IEC No. | | 0689008139 | |
| | | Date | | | | 01-03-2021 | | IEC Branch Serial No. | | | |
| FedEx AWB No. | | 773024132824 | | EIN No. | | | | AD Code No. | | 0410003-2900009 | |
| Shipper | | | | Contract Type (tick one) | | | | PAN No. | | ACBPJ0823B | |
| H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA | | FOB | | Cost | | C & F (breakup) | | CIF (breakup) | | C& I- | |
| | | | | | | | | | | | |
| | | Ex-work | | | | Freight | | Insurance | | | |
| | | | | | | | | Freight | | | |
| | | Currency Code | | | | USD | | | | | |
| Tel No. | | +91-8176080204 | | Type of Shipping Bill (whatever applicable) | | | | | | | |
| Email Address | | | | Duty Drawback | | | | NFEI | | | |
| Fax No. | | | | Non Drawback | | <input checked="" type="checkbox"/> | | Jobbing | | Repair & Return | |
| Consignee Vision Medical Inc. 9768 170 St Nw #170 Edmonton, Alberta T5T 5L4, Canada Mobile: 1-877-448-1234, +1-780-919-3373 Email: alvingrenke@visionmedical.ca Mr Alvin Grenke | | Advance Authorization (AA) | | | | Re-Export | | | | MEIS (REWARD) | |
| | | (Drawback / ROSCTL) | | | | Drawback+EPCG) | | | | Any Other | |
| Tel No. | | | | EPCG(Concesnal or Zero duty) | | | | EOU | | Commercial Export - CSB V courier- Value= | |
| Email ID - | | | | | | | | | | | |
| Buyer (If other than Consignee) | | Duty Drawback Details: Non-Drawback | | | | | | | | | |
| Vision Medical Inc. 9768 170 St Nw #170 Edmonton, Alberta T5T 5L4, Canada Mobile: 1-877-448-1234, +1-780-919-3373 Email: alvingrenke@visionmedical.ca Mr Alvin Grenke | | Bank Detail | | Yes Bank Limited (USD) | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Current A/c No. | | 111963700000179 | | | | IFSC Code | | YESB0000116 | |
| | | Description Of Goods | | Ophthalmic Goods | | | | | | | |
| | | Any Additional Instruction - | | | | | | | | | |
| Tel No. | | | | GSTN NO- | | | | End use Code | | | |
| Email ID- | | | | GSTIN State Code - | | | | | | | |
| Destination | | No. of Packages | | Payment Type - | | LUT | | Under IGST Paid | | | |
| Canada | | 02 | | Detail of Preferential Agreements under which the goods are being exported wherever applicable (If the agreement applies to all the items in the invoice. Else attach the Item details in sheet Details Itemwise.) | | | | Standard Unit Quantity Code (SQC) for that CTH as per the first schedule for the customs Tariff Act 1975. (If the SQC applies to all the items in the invoice. Else attach the Item details in sheet Details Itemwise.) | | | |
| Net Weight | | Gross Weight | | | | | | | | | |
| 20kg | | 22kg | | State of Origin of Goods . (If the State of origin applies to all the items in the invoice. Else attach the Item details in sheet Details Itemwise.) | | | | District or Origin of goods (If the District of origin applies to all the items in the invoice. Else attach the Item details in sheet Details Itemwise.) | | | |
| Documents Enclosed (tick where applicable) | | | | | | Mandatory if PSD / EP copy delivery address other than IEC Add. | | | | | |
| FedEx AWB (duly complete) Invoice (5 copies) Packing List (5 copies) GSP/Certificate of Origin Form Original, Duplicate Visa (with 2 copies) Bank Certificate (GR Waiver) EVD (Export Value Declaration) SDF / FEMA declaration Annexure C1 (For 100% EOUs shipments) | | | | | | Post shipment document / EP delivery instructions | | | | | |
| | | | | | | | | | | | |
| | | | | | | Contact person | | | | | |
| | | | | | | Telephone / Mobile | | | | | |
| | | | | | | Street Address 1 | | | | | |
| | | | | | | Street Address 2 | | | | | |
| | | | | | | City | | | | | |
| | | | | | | PIN number | | | | | |
| | | | | | | Any other instructions on Post shipment docs / EP delivery | | | | | |
| | | | | | | | | | | | |
| Advance Authorisation / EPCG Details | | | | | | | | | | | |
| Inv Item No | | REG | | Date | | Advance Authorisation / EPCG FILE NO, LIC No & Date: | | | | | |
| No | | | | | | | | | | | |
| (If LIC prior to 2009) | | | | | | | | | | | |
| Other Handling Information | | | | | | | | | | | |
| Certificate of Origin?If YES - (It will be prepared by Jeena & Co.) GSP Type: Normal / Tatkal (Same Day) (Please tick any one) | | | | | | | | | | | |
| | | | | | | | | | | | |
| If NO - Please provide the GSP (if applicable). | | | | | | | | | | | |
| We hereby appoint M/s Jeena & Company / JFS Freight Services Pvt. Ltd/ Fedex Express Transportation Supply Chain Services (India) Pvt.Ltd / Sun Impex Clearing & Shipping Agency Pvt Ltd as our authorized Customs Broker to prepare documents on our behalf and getting our cargo cleared as per the documents and information provided to them by us. We hereby also declare that the information in the subject invoice is as per our knowledge, true and correct and if during custom examination anything found contradictory, objectionable in the shipment, neither Customs Broker nor the carrier would be held responsible. | | | | | | | | | | | |
| I/ We declare that the particulars given herein are true, correct and complete | | | | | | | | | | | |
| *I/We undertake to abide by provisions of Foreign Exchange Management Act, 1999, as amended from time to time, including realization / repatriation of foreign exchange to / from India. | | | | | | | | | | | |
| Shipper Signature and Stamp | | | | | | | | | | | |
| Shipper Name & Designation | | | | Contact Details: | | | | | | | |