| arun Enterprises 8 Strachy Road | | Invoice No. E108 | Dated 5-Sep-2019 | | | | |
|---|-----------------------------------|---------------------|------------------------------|--|------------------------------|---------|--|
| RAYAGRAJ(ALLAHABA | D) - 211001 UP | Delivery Note | | Mode/Terms of Payment AXIS BANK Other Reference(s) | | | |
| dia STIN/UIN: 09ACBPJ082 | 23B17A | C00596 | | | | | |
| tate Name : Uttar Prade | esh, Code : 09 | Supplier's Ref | | | | | |
| ontact: 7275050650 | | | | QT-Q00646 | | | |
| -Mail : info@optitecheye onsignee | care.com | Buyer's Order | No. | Dated | | | |
| liracle Chile Ltda | | | | | | | |
| launel Antonio Tocornal | 359 Departmento 813 | Despatch Doo | Delivery Note Date | | | | |
| antiago, Chile 8330312, | Chile (South America) | | | 4-Sep-2019 | | | |
| armago, ormo occorra, | | Despatched th | Despatched through | | Destination | | |
| | | FEDEX EXPRESS | | CHILE | | | |
| | | Vessel/Flight | Vessel/Flight No. | | Place of receipt by shipper: | | |
| uyer (if other than consigne | ee) | | | ALLAHABAD | | | |
| liracle Chile Ltda | | City/Port of Lo | City/Port of Discharge CHILE | | | | |
| launel Antonio Tocornal | 359, Departmento 813 | ALLAHABA | | | | | |
| antiago, Chile 8330312, | Chile (South America) | Country: SOI | Country: SOUTH AMERICA | | | | |
| ontact : 56990 -Mail : daniela | 0819496 a.uribe.vera@gmail.com | NOT FOR S | | | | | |
| ountry of Origin of Goods | Country of Final Destination | | | | | | |
| ndia | SOUTH AMERICA | | | | | | |
| idia | Description of Goods | HSN/SAC | Quantity | Rate | per | Amount | |
| 0. | | | | | | | |
| Fluorescein Sodium Batch: TE/FL/1903 Mfg Dt.: May-2019 Expiry: 30-Apr-2024 | Ophthalmic Strips U.S.P. CE NC | 90185090 | 50 Pbox 50 Pbox | \$ 0.20 | Pbox | \$ 10.0 | |

Amount Chargeable (in words)

USD. Ten Only

Cumpany's Bank Details Bank Name : Axis : Axis Bank-914020052016222 : 914020052016222

Verified by

50 Pbox

A/c No.

Branch & IFS Code: Civil Lines Allahabad & UTIB0000286

for Tarun Enterprises

Company's PAN/ IEC Code: ACBPJ0823B

Declaration
We declare that this invoice shows the actual price of the goods
described and that all particulars are true and correct.

Prepared by

Total

Authorised Signatory

\$ 10.00

E. & O.E

SUBJECT TO PRAYAGRAJ, (ALLAHABAD) JURISDICTION

This is a Computer Generated Invoice



TARUN ENTERPRISES

H.O.: 8/8, Strachy Road, Allahabad -211001, U.P. India

Phone: +91 532 6590204

B.O.: A96/1, Second Floor, Phase II, Mayapuri Industrial Area

New Delhi-110064, Ph.; 011-47070362 e-mail: info@optitecheyecare.com

Quotation / Performa Invoice

Q00646

| Exporter: TARUN ENTERPRISES | Quotation No: Q00646 | Quotation Date: 19-08-2019 | | |
|---|--|---|--|--|
| H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA Phone: +91 532 6590204 Email: info@optitecheyecare.com | Issued From: Allahabad | Currency: USD | | |
| GST No: 09ACBPJ0823B1ZA Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388 Dt. 06.05.2008 Customer(Bill to): | Insurance: Customer Account | Generated by: Nikita | | |
| Customer(Bill to): Firacle Chile Ltda Manuel Antonio Tocornal 359 Departmentalo 813 Santiago , Tocornal, Chile Mobile: 56990819496 Email: duribe@miraclechile.cl Dr Na | Consingee(Ship to): Miracle Chile Ltda Manuel Antonio Tocornal Tocornal, Chile Mobile: 56990819496 Email: duribe@miraclechil Dr Na | 359 Departmentalo 813 Santiago , le.cl | | |
| Terms of Delivery: Goods in Ready Stock | Terms of Payments: Adva | ance Payment | | |

Terms & Conditions: Fedex Door to Door Delivery

Special instruction:

| Sl No | Product Description | HSN | Qty | Unit | Rate | Disc(Per Unit) | Net Amount |
|-------|--|----------|-----|-------|--------|-----------------|------------|
| | FL 100 (CE) Fluorescein Sodium Ophthalmic strip 1mg USP box of 100 strip. | 90185090 | 50 | Boxes | 0.0000 | 0.0000 | 0.00 |
| | | | | | | Net Total | \$ 0.00 |
| | | | | | | Freight Charges | \$ 0.00 |
| | | | | | | Grand Total | \$ 0.00 |

Thank you for your interest in our range of equipment / supplies. We with pleasure offer the quotation as above for your kind consideration. We shall be happy to answer any of your questions in this regard. Banking details are as below. Please note, all banking charges shall be paid by the buyer.

Remit to:

Payment:

100% T/T(wire)

Bank Details for:

(USD)

Beneficiary's Name:

TARUN ENTERPRISES

Account No. :

914020052016222

Bank Name:

AXIS BANK LTD

Bank Address:

28B CIVIL STATION MG MARG CIVIL LINES ALLAHABAD

SWIFT Code:

AXISINBB286



TARUN ENTERPRISES

H.O.: 8/8, Strachy Road, Allahabad -211001, U.P. India

Phone: +91 532 6590204

B.O.: A96/1, Second Floor, Phase II, Mayapuri Industrial Area

New Delhi-110064, Ph.; 011-47070362 e-mail: info@optitecheyecare.com

Order In Process

000574

| Exporter: TARUN ENTERPRISES | | | | No: | | Order Date: September, 04, 2019 | | |
|---|--|--|--------------------|-------|-------------------------|------------------------------------|------------|--|
| Phone | 3/8 Strachy Road, Allahabad - 211001, UP. IN +91 532 6590204 info@optitecheyecare.com | Issued Allahab | | | Currency: USD | | | |
| Drug I | o: 09ACBPJ0823B1ZA .icence: ALLD/5/21B/385,ALLD/5/20B/388 05.2008 | Insurar Custom | nce: er Account | | Generated by: Nikita | | | |
| Manu Tocorr Mobile Email: Dr Na | mer(Bill to): le Chile Ltda el Antonio Tocornal 359 Departmentalo 813 lal, Chile e: 56990819496 duribe@miraclechile.cl of Delivery: Goods in Ready Stock & Conditions: Fedex Door to Door Deliver | Consingee(Ship to): Miracle Chile Ltda Manuel Antonio Tocornal 359 Departmentalo 813 Santiago , Tocornal, Chile Mobile: 56990819496 Email: duribe@miraclechile.cl Dr Na Terms of Payments: Advance Payment | | | | | | |
| | al instruction: | | | | | | | |
| S.N. | Product Description | HSN | Qty | Unit | Rate | Disc (Per Unit) | Net Amount | |
| 1 | FL 100 (CE) Fluorescein Sodium Ophthalmic strip 1mg USP box of 100 strip. | 90185090 | 50 | Boxes | 0.0000 | 0.0000 | 0.00 | |
| | | | | | | Net Total | \$ 0.00 | |
| | | | | | Fı | reight Charges | \$ 0.00 | |
| | | | | | | Grand Total | \$ 0.00 | |

Greetings!

hank you for your valued order. Same is under process. We request you to please check all the details as above and arrange payment as per banking details below. In case you wish to use online payment, please use our payment gateway at our website www.optitecheyecare.com.

Remit to:

Payment:

100% T/T(wire)

Bank Details for

(USD)

Beneficiary's Name:

TARUN ENTERPRISES

Account No.:

914020052016222 AXIS BANK LTD

Bank Name: Bank Address:

28B CIVIL STATION MG MARG CIVIL LINES ALLAHABAD

SWIFT Code:

AXISINBB286

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Order Processing Team

Created by (Nikita)



TARUN ENTERPRISES

H.O.: 8/8, Strachy Road, Allahabad -211001, U.P. India Phone: +91 532 6590204

B.O.: A96/1, Second Floor, Phase II, Mayapuri Industrial Area

New Delhi-110064, Ph.; 011-47070362 e-mail: info@optitecheyecare.com

DISPATCH CHALLAN From Allahabad

C00596

\$ 0.00

\$ 0.00

\$ 0.00

Net Total

Grand Total

Freight Charges

TARUN ENTERPRISES

H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA

Phone: +91 532 6590204 Email: info@optitecheyecare.com

GST No: 09ACBPJ0823B1ZA Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388 Dt. 06.05.2008

| | GST No: 09AC | BPJ0823B1ZA | Drug Lie | cence: | ALLD/5/21 | B/385,ALLD/5/2 | OB/388 Dt. 06.05.2 | 2008 | | | | |
|--|--|--------------|----------|--------|-----------|--|--------------------|--------|--------|-------|--|--|
| Bill to: | | | | | Ship t | Ship to: | | | | | | |
| Miracle Chile Ltda | | | | | Mirac | Miracle Chile Ltda | | | | | | |
| Manuel Antonio Tocornal 359 Departmentalo 813 Santiago , | | | | | Manu | Manuel Antonio Tocornal 359 Departmentalo 813 Santiago | | | | | | |
| Mobile: 56990819496 | | | | | Tocor | Tocornal, Chile | | | | | | |
| | | | | | Mobile | Mobile: 56990819496 Email: duribe@miraclechile.cl | | | | | | |
| | | | | | Email: | | | | | | | |
| Dr Na | | | | | Dr Na | | | | | | | |
| Chall | an No. C00596 Dated: Se | ptember, 04, | 2019 | | Issue | Issued From: INDIA | | | | | | |
| Manu | al Challan No.: | | | | Manu | Manual Challan Date: | | | | | | |
| Custo | omer Id: 176 | | | | Meth | Method Of Shipment: | | | | | | |
| Order | : Id: O00574 | | | Nie E | Docke | Docket No: | | | | | | |
| Sales | Person: Nikita | | | | Paym | Payment Terms: Advance Payment | | | | | | |
| Speci | al Information: | | | | Invoid | Invoice No: Dt: | | | | | | |
| Term | s of Delivery: | | | | Term | s of Payments: | | | | | | |
| | | | | | Advan | Advance Payment | | | | | | |
| Term | s & Conditions: | | | | | | | | | | | |
| Fedex | Door to Door Delivery | | | | | | | | | | | |
| S.N. | Product Description | HSN | Unit | Qty | Rate | Batch No | Mfg Dt./Exp Dt. | Disc | Net Ar | nount | | |
| 1 | FL 100 (CE) Fluorescein Sodium Ophthalmic strip | 90185090 | Boxes | 50 | 0.0000 | TE/FL/1903 | 05-2019/04-2024 | 0.0000 | | 0.00 | | |

Doc No. TE/F-7.5-07 For Tarun Enterprises | BANK AD CODE: 6360295 Prepared by Nikita | Packed by