| SHIPPER'S LETTER OF INSTRUCTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                                                            |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|---------------------|-----------------|----------------------------------------------------------------------------|--------------------------------------|-----------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                            |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| FedEx A/c No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 520855343              | Invoice No.                                                                | E85                                                      |                                                                 |                     | IEC No.         | IEC No.                                                                    |                                      | 0689008139            |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Date                                                                       |                                                          | 03-11-2020                                                      |                     |                 |                                                                            |                                      | IEC Branch Serial No. |                              |                                                                                                                                                                                             |
| FedEx AWB No. 772009561836                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | EIN No.                                                                    |                                                          |                                                                 |                     |                 |                                                                            |                                      | AD Code No.           |                              | 0410003-2900009                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                            | ,                                                        |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Shipper<br>H.O.: 8/8 Strachy Ro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ad, Allahabad -        | Contract Type (tick on                                                     | e)                                                       |                                                                 | C & F (brea         | ıkup)           | 1                                                                          | PAN No                               |                       | C& I-                        | ACBPJ0823B                                                                                                                                                                                  |
| 211001, UP. INDIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | FOB                                                                        |                                                          | C                                                               | Cost 150.00         |                 | Cost                                                                       |                                      |                       |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Ex-work                                                                    |                                                          | Frei                                                            | ght <sub>0.00</sub> | 0.00 Insurance  |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                            |                                                          |                                                                 |                     | Freight         |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Currency Code                                                              |                                                          | USD                                                             |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Tel No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | +91-8176080204         | Type of Shipping Bill (                                                    | whatever appil                                           | licable)                                                        |                     |                 |                                                                            |                                      | _                     |                              | T                                                                                                                                                                                           |
| Email Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | Duty Drawback                                                              |                                                          | N                                                               | NFEI                |                 |                                                                            |                                      | _                     |                              |                                                                                                                                                                                             |
| Fax No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | Non Drawback                                                               | <b>✓</b>                                                 | J.                                                              | obbing              |                 |                                                                            | Repair &                             | Return                |                              |                                                                                                                                                                                             |
| Consignee Vision Medical Inc. #170 9768-170th Street Edmonton Alberta Canada. T5t 514, Canada Mobile: 1-877 488 1234 extn 222 Email: alvingrenke@visionmedical.ca Mr Alvin                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | Advance Authorization<br>(AA)                                              |                                                          | R                                                               | Re-Export           |                 |                                                                            | MEIS<br>(REWARD)                     |                       |                              | If MEIS box is ticked in type of<br>shippping bill please mention on<br>the Shipping Bill as under: "We<br>intend to claim rewards under<br>Merchandise Export From India<br>Scheme (MEIS)" |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                            |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | (Drawback / ROSCTL)                                                        |                                                          | D                                                               | rawback+EPCG)       |                 |                                                                            | Any Oth                              | .er                   |                              |                                                                                                                                                                                             |
| Tel No.<br>Email ID -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        | EPCG(Concesnal or<br>Zero duty)                                            |                                                          | E                                                               | OU                  |                 |                                                                            | Comme<br>Export<br>V couri<br>Value= | - CSB<br>er-          |                              |                                                                                                                                                                                             |
| Buyer (If other tha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n Consignee)           | Duty Drawback Details:                                                     | Non-Drawback                                             |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Vision Medical Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                            | Yes Bank Limite                                          | d (USD)                                                         |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| #170 9768-170th St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | reet                   |                                                                            |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Edmonton Alberta<br>Canada. T5t 514, Canada<br>Mobile: 1-877 488 1234 extn 222<br>Email: alvingrenke@visionmedical.ca<br>Mr Alvin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                            |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Current A/c No. 111963700000179 IFSC Code YESB0000116                      |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Description Of Goods Ophthalmic Goods                                      |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                            |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Any Additional Instruction -                                               |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Tel No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                                                                            | STN NO-                                                  |                                                                 |                     |                 |                                                                            |                                      | Г-                    | ad uso Codo                  |                                                                                                                                                                                             |
| Email ID-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | GSTIN                                                                      |                                                          |                                                                 |                     |                 |                                                                            | EI                                   | nd use Code           |                              |                                                                                                                                                                                             |
| Destination                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No. of Packages        | Payr                                                                       |                                                          | LUT                                                             |                     |                 |                                                                            | Unde                                 | er IGST Paid          |                              |                                                                                                                                                                                             |
| Canada 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | Detail of Preferential Ag<br>are being exported                            |                                                          | ich the goods Standard Unit Quantity Cod                        |                     |                 |                                                                            | for that C                           | TH as per             |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | agreement applies to a                                                     | ne invoice. Else                                         | invoice. Else SQC applies to all the                            |                     |                 | the items in the invoice. Else attach the ails in sheet Details Itemwise.) |                                      |                       |                              |                                                                                                                                                                                             |
| Net Weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Gross Weight           | attach the item detai                                                      | iis iii siicct Detai                                     | iis itcinwisc.)                                                 |                     | Ittili          | details in si                                                              | neet Details                         | 5 ItCIIIWI3C          | ,.,                          |                                                                                                                                                                                             |
| 20kg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 25kg                   | State of Origin of Good origin applies to all the Else attach the Item det | items in the invo                                        | oice.                                                           |                     |                 | ems in the i                                                               |                                      | e attach th           | origin appli<br>ne Item deta |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        | Itemwis                                                                    |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Documents Enclos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed (tick where a       | oplicable)                                                                 |                                                          | Mandatory if PSD / EP copy delivery address other than IEC Add. |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Post shipment document / EP delivery instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                                                            |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| FedEx AWB (duly co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mplete)                | <b></b>                                                                    | Contact person                                           |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Invoice (5 copies)<br>Packing List (5 copie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | <b>1</b>                                                                   | Telephone / Mobile<br>Street Address 1                   |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| GSP/Certificate of Or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                      |                                                                            |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Original, Duplicate V<br>Bank Certificate ( GI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                        |                                                                            | Street Address 2                                         |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| EVD (Export Value D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                            | City                                                     | City                                                            |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| SDF / FEMA declara<br>Annexure C1 (For 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        | (i)                                                                        | PIN number                                               |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                            | Any other instructions on Post shipment docs / EP delive |                                                                 |                     |                 | ivery                                                                      |                                      |                       |                              |                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                                                                            |                                                          |                                                                 |                     |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Advance Authorisa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        | ails                                                                       |                                                          |                                                                 | ¬                   |                 |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |
| Inv Item No RI<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EG                     |                                                                            | Dat                                                      | ie                                                              | Advance Au          | thorisation / I | EPCG FILE                                                                  | E NO, LIC                            | No & Da               | te:                          |                                                                                                                                                                                             |
| (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 p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | articulars given herei | n are true, correct and comp                                               | lete                                                     |                                                                 |                     |                 |                                                                            |                                      | to / fro *            | ndia                         |                                                                                                                                                                                             |
| "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<br>Shipper Name & I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                                                            |                                                          |                                                                 | JCo:                | ntact Details:  |                                                                            |                                      |                       |                              |                                                                                                                                                                                             |