

To,  
The Standard Chartered Bank  
Allahabad-211001

Subject: EXPORT DOCUMENT SUBMISSION

Dear Sir,

Greetings!

We are pleased to inform you, we have completed a shipment of ophthalmic supplies to our customer, and details are given below.

|                               |                         |
|-------------------------------|-------------------------|
| Invoice No.                   | E181                    |
| Invoice Date                  | 25/12/2019              |
| Goods Des....                 | OPHTHALMIC GOODS        |
| Currency                      | EURO                    |
| Client Name                   | LEVETTA S.R.L.          |
| Inward Reference No.          | IT36701912234052        |
| Inward Remittance Date        | 24/12/2019              |
| Inward Remittance Amount      | E3630.00                |
| Shipping Bill No.             | 9527814                 |
| Shipping Bill Date            | 09/01/2020              |
| HAWB No. / Date               | 0080880 DATE 10.01.2020 |
| Shipping Bill Amount(FCY)     | E3660.00                |
| Shipping Bill Amt. FOB (INR)  | 287127.00               |
| IEC Code                      | 689008139               |
| Port Code                     | NEW CUSTOM HOUSE I.G.   |
| AD Code                       | 6470093                 |
| Buyer Name                    | LEVETTA S.R.L.          |
| Buyer Address With Country    | ITALY                   |
| Remitter Name                 | LEVETTA S.R.L.          |
| Remitter Address With Country | ITALY                   |

Now we are submitting herewith the complete set of documents for your kind reference. Please acknowledge the same and close the mentioned transaction.

THANKING YOU

or TARUN ENTERPRISES

TARUN JAGGI

Proprietor

Account Entry

Accountant

Prepared By

Deepti

Enclosed Documents as above.

RODENSTOCK  
Instruments

 **rini**  
Operator Chair  
Operating Table

A96/1, Second Floor, Phase II,  
Mayapuri Industrial Area,  
New Delhi - 110064 Ph.: 011 - 47070362  
e-mail : delhi@optitecheyecare.com  
TIN No. 07906940586

**TARUN ENTERPRISES**  
8/8, Strachy Road, Allahabad - 211001, INDIA  
Phone ; 91 532 6590204  
e-mail : info@tarunjaggi.com  
URL : www.optitecheyecare.com  
TIN No. 09913300240



# Tax Invoice

(SUPPLY MEANT FOR EXPORT/SUPPLY TO SEZ UNIT OR SEZ DEVELOPER FOR AUTHORISED OPERATIONS UNDER BOND OR LETTER OF UNDERTAKING WITHOUT PAYMENT OF IGST)

|  |  |   |   |
|--|--|---|---|
| <b>Tarun Enterprises</b><br>8/8 Strachy Road<br>PRAYAGRAJ(ALLAHABAD) - 211001 UP<br>India<br>State Name : Uttar Pradesh, Code : 09<br>E-Mail : info@optitecheyecare.com        |  | Invoice No.<br><b>E181</b>  | Dated<br><b>25-Dec-2019</b>                         |
|  |  | Delivery Note<br><b>C-01042</b>   | Mode/Terms of Payment<br><b>SCB</b>                 |
|  |  | Supplier's Ref.   | Other Reference(s)<br><b>Q-01220 DT. 16.12.2019</b> |
| Consignee<br><b>Levetta S.R.L.</b><br>Via Dei Cancellieri N 6/8, 51100 Pistoia, Italy, Mob. No.<br>+39(0)573 34704, email:mimaffe@tin.it, Contact<br>Person:Mr. Michele Maffei |  | Buyer's Order No.<br><b>O-01041</b>   | Dated<br><b>16-Dec-2019</b>                         |
|  |  | Despatch Document No.<br><b>0080880</b>   | Delivery Note Date<br><b>19-Dec-2019</b>            |
|  |  | Despatched through<br><b>By Air(SKYWAYS)</b>  | Destination<br><b>ITALY</b>                         |
| Buyer (if other than consignee)<br><b>Levetta S.R.L.</b><br>Via Dei Cancellieri N 6/8, 51100 Pistoia, Italy,<br>Email:Mimaffe@tin.it, Contact Person:Mr. Michele Maffei        |  | Vessel/Flight No.   | Place of receipt by shipper:<br><b>ALLAHABAD</b>    |
|  |  | City/Port of Loading<br><b>NEW DELHI</b>  | City/Port of Discharge<br><b>MILAN</b>              |
|  |  | Country: <b>ITALY</b>   |   |
|  |  | Terms of Delivery<br><b>100% Advance</b><br><b>HAWB#0080880 DT. 10.01.2020</b><br><b>SB#9527814 DT 09.01.2020</b><br><b>Ref#IT36701912234052 DT.24.12.2019</b><br><b>E3630.00</b> |   |
| Country of Origin of Goods<br><b>India</b>   | Country of Final Destination<br><b>ITALY</b> |   |   |

| SI No. | Description of Goods  | HSN/SAC  | Quantity                    | Rate   | per  | Amount            |
|--------|---|----------|-----------------------------|--------|------|-------------------|
| 1      | <b>Schirmer, Tear Test SCH-100 Ophthalmic Strips</b><br>Batch : TE/SCH/1903<br>Mfg Dt. : Jul-2019<br>Expiry : 30-Jun-2024 | 90185090 | <b>610 Pbox</b><br>610 Pbox | E 6.00 | Pbox | <b>E 3,660.00</b> |
| Total  |   |          | <b>610 Pbox</b>             |        |      | <b>E 3,660.00</b> |

Amount Chargeable (in words)

**EURO Three Thousand Six Hundred Sixty Only**

E. & O.E

Remarks:

eway bill # 481102926412

Company's PAN/ IEC Code: **ACBPJ0823B 068900813**

Declaration

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

Company's Bank Details

Bank Name : **Standard Chartered Bank - 6250 5001 845**

A/c No. : **6250 5001 845**

Branch & IFS Code : **Allahabad & SCBL0036044**

for Tarun Enterprises

Authorised Signatory

SUBJECT TO ALLAHABAD JURISDICTION

This is a Computer Generated Invoice



# SKYWAYS AIR SERVICES (P) LTD.

A-128 & 129, Mahipalpur Extn., N.H.8, New Delhi-110037

Tel.: +91-11-45150500 Fax : +91-11-45150555, 45150556

BINOD

## SHIPPING DOCUMENT

To,

Date 13/1

M/s

TARUN ENTERPRISES

Sir,

098-8577-6783

3/MX

Please find enclosed following documents for the above mentioned shipment.

(i) ORG/AWB/HAWB. No. 0080880

(ii) DEPB/DBK Photo Copy of S/Bill No. 937814 Date 9/1

(iii) Original / Duplicate GSP Al. H.B. COC. No. 2.1.2014

(iv) Export Declaration (GR-1) Form No.:

(v) Photo Copy of E.P. Copy DPEB Copy Anex-F (Attested by Customs)

(vi) Bill No. & Date

(vii) Terminal Receipt, ATTD-

Please acknowledge the receipt

For **SKYWAYS AIR SERVICES PVT. LTD.**

(Cargo Division)

### RECEIVED

Name.....



Sign. ....

Date.....



HAWB SLS

008088

|  |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
|--|--|---------------------------------------|--|--|--|---|--|---|--|---------------------------------------|--|---------------------------------|--|-------------------------------|--|----------------------------------|--|---|--|--|--|---|--|
| <b>Shipper's Name and Address</b><br><b>TARUN ENTERPRISES</b><br><b>8/8STRACHY ROAD CIVIL LINES, ALLAHABAD</b><br><b>211001 UP, INDIA</b>  |  | <b>Shipper's Account Number</b><br>   |  | <b>Not Negotiable</b><br><b>House Air Waybill</b><br><b>Issued By</b>  <b>SKYWAYS GROUP</b>  |  | <b>Skyways Air Services (P) Ltd.</b><br><b>RZ-128 &amp; 129A, Mahipal Pur Extn.,</b><br><b>N.H. 8, New Delhi - 110 037</b><br><b>Tel.: +91-11-4515 0500, +91-11-4238 6800</b><br><b>Email: info@skyways-group.com</b><br><b>awb@skyways-group.com</b> |  |    |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Consignee's Name and Address</b><br><b>LEVETTA S.R.L.</b><br><b>VIA DEI CANCELLIERI N 6/8, 51100 PISTORIA,</b><br><b>ITALY, MOB. NO. +39(0) 573 34704, EMAIL:</b><br><b>MIMAFFE@TIN.IT,</b><br><b>CONTACT PERSON: MR MICHELE MAFFIE</b> |  | <b>Consignee's Account Number</b><br> |  | Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.<br>It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT OF THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required. |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Issuing Carrier's Agent Name and City</b><br><b>SKYWAYS AIR SERVICES PVT. LTD.</b><br><b>A - 128 &amp; 129, MAHIPALPUR EXTENSION</b><br><b>ROAD NO 4, NH 8, NEW DELHI - 110037, INDIA</b>   |  |                                       |  | <b>Accounting Information</b><br><b>FREIGHT COLLECT</b><br><b>09885176733</b>  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Agent's IATA Code</b><br><b>14-3-0152</b>   |  | <b>Account No.</b><br>                |  | <b>Reference Number</b><br>  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Airport of Departure (Addr. of First Carrier) and Requested Routing</b><br><b>NEW DELHI</b>   |  |                                       |  | <b>Optional Shipping Information</b><br>   |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>To</b><br><b>MXR</b>  |  | <b>By First Carrier</b><br><b>AI</b>  |  | <b>Routing and Destination</b><br>   |  | <b>to</b><br>   |  | <b>by</b><br>   |  | <b>to</b><br>                         |  | <b>by</b><br>                   |  | <b>Currency</b><br><b>INR</b> |  | <b>WT/VAL</b><br><b>PPD COLL</b> |  | <b>Other</b><br><b>PPD COLL</b>   |  | <b>Declared Value for Carriage</b><br><b>NVD</b> |  | <b>Declared Value for Customs</b><br><b>NVD</b> |  |
| <b>Airport of Destination</b><br><b>MALPENSA/ITALY</b>   |  |                                       |  | <b>Requested Flight/Date</b><br>   |  | <b>Amount of Insurance</b><br>  |  | <b>INSURANCE</b> - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance" |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Handling Information</b><br><b>NOTIFY: SAME AS CONSIGNEE // 03 PKGS // PLS INF THE CNEE IMMPLY ON ARVL OF CARGO</b><br><b>DEST. ONE ENVP CONTD DOCS ATTD.</b>   |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>No. of Pieces RCP</b><br><b>3</b>   |  | <b>Gross Weight</b><br><b>41.00</b>   |  | <b>kg</b><br><b>K</b>  |  | <b>Rate Class</b><br><b>Q</b>   |  | <b>Commodity Item No.</b><br>   |  | <b>Chargeable Weight</b><br><b>45</b> |  | <b>Rate</b><br><b>AS AGREED</b> |  | <b>Charge</b><br>             |  | <b>Total</b><br>                 |  | <b>Nature and Quantity of Goods (Incl. Dimensions or Volume)</b><br><b>SAID TO CONTAIN</b><br><b>SCHIRMER, TEAR TEST SCH-100</b><br><b>OPHTHALMIC STRIPS</b><br><b>QTY: 610 PBOX</b><br><b>INV NO: E181</b><br><b>DT: 25/12/2019</b><br><b>DIMS IN CMS:</b><br><b>20X18X10/1(CMS)</b><br><b>56X34X43/2(CMS)</b><br><b>VOL WT: 28.00 KGS</b> |  |  |  |   |  |
| <b>Prepaid</b><br><b>3</b>   |  | <b>41.00</b>                          |  | <b>Weight Charge</b><br>   |  | <b>Collect</b><br>  |  | <b>Other Charges</b><br>  |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Valuation Charge</b><br>  |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Total Other Charges Due Agent</b><br>   |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Total Other Charges Due Carrier</b><br>   |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Total Prepaid</b><br>   |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Total Collect</b><br>   |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Currency Conversion Rates</b><br>   |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>CC Charges in Dest. Currency</b><br>  |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Charges at Destination</b><br>  |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Executed on (date)</b><br><b>10/01/2020</b>   |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>at (place)</b><br><b>NEW DELHI</b>  |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Signature of Issuing Carrier or its Agent</b><br>   |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>Signature of Shipper or his Agent</b><br>   |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |
| <b>For Carrier's Use only at Destination</b><br>   |  |                                       |  |  |  |   |  |   |  |                                       |  |                                 |  |                               |  |                                  |  |   |  |  |  |   |  |



HAWB SLS

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HAWB SLS

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|   |                               |                            |    |   |                   |  |       |   |                         |   |                   |   |  |
|---|-------------------------------|----------------------------|----|---|-------------------|--|-------|---|-------------------------|---|-------------------|---|--|
| Shipper's Name and Address<br><b>TARUN ENTERPRISES<br/>8/8STRACHY ROAD CIVIL LINES, ALLAHABAD<br/>211001 UP, INDIA</b>  |                               | Shipper's Account Number   |    | Not Negotiable<br><b>House Air Waybill</b>  |                   | Skyways Air Services (P) Ltd.<br>RZ-128 & 129A, Mahipal Pur Extn.,<br>N.H. 8, New Delhi - 110 037<br>Tel.: +91-11-4515 0500, +91-11-4238 6800<br>Email : info@skyways-group.com<br>awb@skyways-group.com |       |   |                         |  |                   |   |  |
| Consignee's Name and Address<br><b>LEVETTA S.R.L.<br/>VIA DEI CANCELLIERI N 6/8, 51100 PISTORIA,<br/>ITALY, MOB. NO. +39(0) 573 34704, EMAIL:<br/>MIMAFFE@TIN.IT,<br/>CONTACT PERSON: MR MICHELE MAFFIE</b> |                               | Consignee's Account Number |    | It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required. |                   |  |       |   |                         |   |                   |   |  |
| Issuing Carrier's Agent Name and City<br><b>SKYWAYS AIR SERVICES PVT. LTD.<br/>A - 128 &amp; 129, MAHIPALPUR EXTENSION<br/>ROAD NO 4, NH 8, NEW DELHI - 110037. INDIA</b>                                   |                               |                            |    | Accounting Information<br><b>FREIGHT COLLECT<br/>09885176733</b>  |                   |  |       |   |                         |   |                   |   |  |
| Agent's IATA Code<br><b>14-3-0152</b>   |                               | Account No.                |    |   |                   |  |       |   |                         |   |                   |   |  |
| Airport of Departure (Addr. of First Carrier) and Requested Routing<br><b>NEW DELHI</b>   |                               |                            |    | Reference Number  |                   | Optional Shipping Information  |       |   |                         |   |                   |   |  |
| To<br><b>MXP</b>  | By First Carrier<br><b>AI</b> | Routing and Destination    |    | to  | by                | to   | by    | Currency<br><b>INR</b>  | CHGS Code<br><b>PPD</b> | WT/VAL<br><b>COLL</b>   | Other<br><b>C</b> | Declared Value for Carriage<br><b>NVD</b> | Declared Value for Customs<br><b>NVD</b> |
| Airport of Destination<br><b>MALPENSA/ITALY</b>   |                               | Requested Flight/Date      |    | Amount of Insurance   |                   | INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance".        |       |   |                         |   |                   |   |  |
| Handling Information<br><b>NOTIFY: SAME AS CONSIGNEE // 03 PKGS // PLS INF THE CNEE IMMLY ON ARVL OF CARGO<br/>DEST. ONE ENVP CONTD DOCS ATTD.</b>  |                               |                            |    |   |                   |  |       |   |                         |   |                   |   |  |
| No. of Pieces<br>RCP  | Gross Weight                  | kg                         | lb | Rate Class<br>Commodity Item No.  | Chargeable Weight | Rate<br>Charge   | Total | Nature and Quantity of Goods<br>(Incl. Dimensions or Volume)  |                         |   |                   |   |  |
| 3   | 41.00                         | K                          | Q  |   | 45                | AS AGREED  |       | SAID TO CONTAIN<br>SCHIRMER, TEAR TEST SCH-100<br>OPHTHALMIC STRIPS<br>QTY: 610 PBOX<br>INV NO: E181<br>DT: 25/12/2019<br><br>DIMS IN CMS:<br>20X18X10/1(CMS)<br>56X34X43/2(CMS)<br>VOL WT: 28.00 KGS |                         |   |                   |   |  |
| 3   | 41.00                         |                            |    |   |                   |  |       |   |                         |   |                   |   |  |
| Prepaid   |                               | Weight Charge              |    | Collect   |                   | Other Charges  |       |   |                         |   |                   |   |  |
| Valuation Charge  |                               |                            |    |   |                   |  |       |   |                         |   |                   |   |  |
| Tax   |                               |                            |    |   |                   |  |       |   |                         |   |                   |   |  |
| Total Other Charges Due Agent   |                               |                            |    |   |                   |  |       |   |                         |   |                   |   |  |
| Total Other Charges Due Carrier   |                               |                            |    |   |                   |  |       |   |                         |   |                   |   |  |
| Total Prepaid   |                               |                            |    | Total Collect   |                   |  |       |   |                         |   |                   |   |  |
| Currency Conversion Rates   |                               |                            |    | CC Charges In Dest. Currency  |                   |  |       |   |                         |   |                   |   |  |
| Charges at Destination  |                               |                            |    | Total Collect Charges   |                   |  |       |   |                         |   |                   |   |  |
| For Carrier's Use only<br>at Destination  |                               |                            |    |   |                   |  |       |   |                         |   |                   |   |  |

Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.

SKYWAYS AIR SERVICES PVT. LTD.

Proprietor

Signature of Shipper or his Agent

10/01/2020

NEW DELHI

Executed on (date)

at (place)

Signature of Issuing Carrier or its Agent



HAWB SLS

0080880



HAWB SLS

0080880

|  |                          |  |  |
|--|--------------------------|--|--|
| Shipper's Name and Address<br><b>TARUN ENTERPRISES</b><br><b>8/8STRACHY ROAD CIVIL LINES, ALLAHABAD</b><br><b>211001 UP, INDIA</b> | Shipper's Account Number | Not Negotiable<br><b>House Air Waybill</b><br>Issued By<br><br>Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity. | <b>Skyways Air Services (P) Ltd.</b><br>RZ-128 & 129A, Mahipal Pur Extn.,<br>N.H. 8, New Delhi - 110 037<br>Tel.: +91-11-4515 0500, +91-11-4238 6800<br>Email : info@skyways-group.com<br>awb@skyways-group.com<br> |
|--|--------------------------|--|--|

|   |                            |
|---|----------------------------|
| Consignee's Name and Address<br><b>LEVETTA S.R.L.</b><br><b>VIA DEI CANCELLIERI N 6/8, 51100 PISTORIA,</b><br><b>ITALY, MOB. NO. +39(0) 573 34704, EMAIL:</b><br><b>MIMAFFE@TIN.IT,</b><br><b>CONTACT PERSON: MR MICHELE MAFFIE</b> | Consignee's Account Number |
|---|----------------------------|

|   |  |
|---|--|
| Issuing Carrier's Agent Name and City<br><b>SKYWAYS AIR SERVICES PVT. LTD.</b><br><b>A - 128 &amp; 129, MAHIPALPUR EXTENSION</b><br><b>ROAD NO 4, NH 8, NEW DELHI - 110037, INDIA</b> | Accounting Information<br><b>FREIGHT COLLECT</b><br><b>09885176733</b> |
|---|--|

|                                       |             |
|---------------------------------------|-------------|
| Agent's IATA Code<br><b>14-3-0152</b> | Account No. |
|---------------------------------------|-------------|


|   |                  |                               |
|---|------------------|-------------------------------|
| Airport of Departure (Addr. of First Carrier) and Requested Routing<br><b>NEW DELHI</b> | Reference Number | Optional Shipping Information |
|---|------------------|-------------------------------|

|                  |                               |                         |    |    |    |    |                        |                         |                       |                     |   |  |
|------------------|-------------------------------|-------------------------|----|----|----|----|------------------------|-------------------------|-----------------------|---------------------|---|--|
| To<br><b>MXR</b> | By First Carrier<br><b>AI</b> | Routing and Destination | to | by | to | by | Currency<br><b>INR</b> | CHGS Code<br><b>PPD</b> | WT/VAL<br><b>COLL</b> | Other<br><b>PPD</b> | Declared Value for Carriage<br><b>C</b> | Declared Value for Customs<br><b>NVD</b> |
|------------------|-------------------------------|-------------------------|----|----|----|----|------------------------|-------------------------|-----------------------|---------------------|---|--|

|   |                       |                     |   |
|---|-----------------------|---------------------|---|
| Airport of Destination<br><b>MALPENSA/ITALY</b> | Requested Flight/Date | Amount of Insurance | INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance". |
|---|-----------------------|---------------------|---|

|   |     |
|---|-----|
| Handling Information<br><b>NOTIFY: SAME AS CONSIGNEE // 03 PKGS // PLS INF THE CNEE IMMPLY ON ARVL OF CARGO</b><br><b>DEST. ONE ENVP CONTD DOCS ATTD.</b> | SCI |
|---|-----|

| No. of Pieces RCP | Gross Weight | kg/lb | Rate Class<br>Commodity Item No. | Chargeable Weight | Rate<br>Charge | Total | Nature and Quantity of Goods<br>(incl. Dimensions or Volume)  |
|-------------------|--------------|-------|----------------------------------|-------------------|----------------|-------|---|
| 3                 | 41.00        | K     | O                                | 45                | AS AGREED      |       | <b>SAID TO CONTAIN</b><br><b>SCHIRMER, TEAR TEST SCH-100</b><br><b>OPHTHALMIC STRIPS</b><br><b>QTY: 610 PBOX</b><br><b>INV NO: E181</b><br><b>DT: 25/12/2019</b><br><br><b>DIMS IN CMS:</b><br><b>20X18X10/1(CMS)</b><br><b>56X34X43/2(CMS)</b><br><b>VOL WT: 28.00 KGS</b> |
| 3                 | 41.00        |       |                                  |                   |                |       |   |

|                                 |               |         |  |
|---------------------------------|---------------|---------|--|
| Prepaid                         | Weight Charge | Collect | Other Charges  |
| Valuation Charge                |               |         | Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.<br><br><br>Signature of Shipper or his Agent<br><br>10/01/2020 |
| Tax                             |               |         |  |
| Total Other Charges Due Agent   |               |         |  |
| Total Other Charges Due Carrier |               |         |  |
| Total Prepaid                   |               |         |  |
| Total Collect                   |               |         | Executed on (date) _____ at (place) _____ Signature of Issuing Carrier or its Agent _____  |
| Currency Conversion Rates       |               |         |  |
| CC Charges in Dest. Currency    |               |         |  |
| Charges at Destination          |               |         | Total Collect Charges  |
| For Carrier's Use only          |               |         |  |



LEO Date: 10/01/2020  
Indian Customs EDI System (ICES)

EP COPY  
LEO No : 7/64

NEW CUSTOM HOUSE, IGI AIRPORT, NEW DELHI - 110037  
Shipping Bill for Export

SB No : 9527814 / 09/01/2020 BRC Realisation Date : 31/10/2020  
CHA : AABCS3895BCH002 SKYWAYS AIR SERVICESPVT LTD  
Print Date : 10/01/2020 12:44  
This consignment was not opened for physical examination by Customs  
Port of BL : MIL  
Country of BL : IT  
Port Of Ldg-Code : INDEL4 State of Origin :UTTAR PRADESH

|                         |  |
|-------------------------|--|
| EXPORTER DETAILS        | CONSIGNEE  |
| 0689008139( )           | BIN No. : ACBPJ0823BFT001  |
| TARUN ENTERPRISES       | LEVETTA S.R.L.   |
| Branch # 0              | 2/8 STRACHY ROAD NEAR RAM MANDIVIA DEI CANCELLIERI N 6/8, 51100 PI |
| IVIL LINES              | STOIA  |
| ALLAHABAD,UTTAR PRADESH | ITALY  |
| - 211001                |  |

|                                       |                      |
|---------------------------------------|----------------------|
| Port of Loading :NEW CUSTOM HOUSE, IG | Total Pkgs. : 3      |
| Port of Discharge:MILAN               | Loose pkcts : 3      |
| Gross Wt(KGS) :41.000                 | Net Wt(KGS) :28.000  |
| Country of Dest :ITALY                | No.of Ctrs. : 0      |
| Master AWB No. : 09885176733          | House AWB No:0090880 |
| Nature of Cargo : P                   |                      |
| Marks and Nos.:                       |                      |

FOREX BANK ACC:62505001845

RBI Waiver No/Date:

FOB VALUE (INR) : E287127.00 F DBK+STR(INR):E0.00 F

Tot DBK(INR) E0.00 F STR(INR):E0.00 F

AD. Code :6470093 DBK Bank a/c No :

I.F.S. Code : ST / Excise Regn. :

GSTN ID : 09ACBPJ0823B1ZA

GSTN Type : GSN

IGST Tax Value(INR) : 0.00

IGST Amt Paid(INR) : 0.00

INVOICE DETAILS Invoice 1/1

Inv.val :287127.00 INR 3660.00 EUR FOB Val :287127.00 INR

Inv.no. :E181 Inv Dt :25/12/2019

Nat of Con :EFOBFCurr(inv):EUR Exp Contract :

Exchange rate:1.00 (EUR) = 78.450 (INR)

|                   | Rate | Currency | Amount |
|-------------------|------|----------|--------|
| Insurance         | 0.00 | EUR      | 0.00   |
| Freight:          |      | EUR      | 0.00   |
| Discount:         | 0.00 |          | 0.00   |
| Commission:       | 0.00 |          | 0.00   |
| Other Deductions: | 0.00 |          | 0.00   |
| Packing Charges:  |      | EUR      | 0.00   |

Nature of payment:AP Period of Payment:

Third Par:

TP Add:

Add(Cont):

SD:

AEQ

Rol

Term

Tax Value :0.00

INR IGST Amt. Paid:0.00

INR

Buyer Name & Address

LEVETTA S.R.L.

VIA DEI CANCELLIERI N 6/8, 51100 PI

STOIA

ITALY



## Indian Customs EDI System (ICES)

NEW CUSTOM HOUSE, IGI AIRPORT, NEW DELHI - 110037  
Shipping Bill for Export

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CHA : AABC53895BCH002 SKYWAYS AIR SERVICES PVT LTD  
Print Date : 10/01/2020 12:44  
This consignment was not opened for physical examination by Customs  
Port of BL : MIL  
Country of BL : IT  
Port Of Ldg-Code : INDEL4 State of Origin : UTTAR PRADESH

Exporter 68890081394  
TARUN ENTERPRISES

Consignee  
LEVETTA S.R.L.

Invoice No & Date E181 25/12/2019 Exch. Rate 1.00 EUR = 78.450 INR

## ITEM DETAILS

| NO. | RITC CD  | Description  | Quantity    | Units | Item Rate      | per           | Units Total | Val(FC)        | FOB(INR)         | Scheme |
|-----|----------|--|-------------|-------|----------------|---------------|-------------|----------------|------------------|--------|
|     |          | Scheme Description   |             |       |                |               |             | Decl. PMV(INR) | Accept. PMV(INR) | Reward |
|     |          | Mnfr Address   |             |       |                |               |             |                |                  |        |
|     |          | Mnfr Address-Cont'd  |             |       |                |               |             |                |                  |        |
|     |          | Mnfr City  |             |       |                |               |             |                |                  |        |
|     |          | Source State   |             |       |                |               |             |                |                  |        |
|     |          | Transit Country  |             |       |                |               |             |                |                  |        |
|     |          | End User   |             |       |                |               |             |                |                  |        |
| #   | HAWB No  | Total Pckgs  | IGST Paymnt | Stat  | Tax Value      | IGST AMT paid |             |                |                  |        |
| I   | 90185090 | SCHIRMER, TEAR TEST SCH-100 OPTHALMIC S                        |             |       |                |               |             |                |                  |        |
|     |          | TRIPS BATCH: TE/SCH/1903 MFG DT: JUL-2019, EXPIRY: 30-JUN-2024 |             |       |                |               |             |                |                  |        |
|     |          | 610.000BOX   | 6.00000perl |       | BOX 3660.00000 | 287127.00     |             |                |                  | 00     |
|     |          | Free SB Involving Remittance Of Foreign                        | 517.77      |       |                | 517.77        |             |                |                  | No     |
|     |          | GNX100   |             |       |                |               |             |                |                  |        |
| #   |          | 0  | LUT         |       | 0.00           | 0.00          |             |                |                  |        |
|     |          | Add Freight  | (EUR) :     |       |                | 0.00          |             |                |                  |        |
|     |          | Add Insurance  | (EUR) :     |       |                | 0.00          |             |                |                  |        |

( Page 2 of 3 )



Indian Customs EDI System (ICES)

NEW CUSTOM HOUSE, IGI AIRPORT, NEW DELHI - 110037  
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 Port Of Ldg-Code : INDEL4 State of Origin : UTTAR PRADESH

## E SINGLE WINDOW SUPPORTING DOCS DETAILS F

\* Inv Item Srno IRN no. Doc. Type Code Doc Issue Part Code  
 # Doc Issue Part Name  
 Doc Issue Part Add1  
 Doc Issue Part Add2  
 Doc Issue City Pin Code  
 ^ Doc Ref. No. Place of Issue Doc Issue Date Doc Expiry Date  
 @ Doc Ben Part Name  
 Doc Ben Part Name Add1  
 Doc Ben Part Name Add2  
 \$ Doc Ben Part Name City Pin Code ICEGATE ID  
 \* 0 0 1 2020010900010656 331000 0  
 # M/S. TARUN ENTERPRISES  
 8/8.STRACHY ROAD  
 ALLAHABAD  
 ^ NA India 09/01/2020  
 File Type PDF Doc Ben Part Code 0  
 @ LEVETTA SRL  
 VIA DEI CANCELLIERI N 6/8,  
 ITALY  
 \$ 51100 PISTONA SASAIRDEL

## Warehouse Sealing

Total FOB Value declared by Exporter for DEPB ITEMS : 0.0000 EUR  
 Total FOB Value declared by Exporter for NON-DEPB ITEMS : 3660.0000 EUR  
 Customs accepted Total FOB value for DEPB ITEMS : 0.0000 EUR

I/We declare that the particulars given herein are true and correct

Following is the list of Documents attached :

| Inv Item Agency Name | Document Name   |
|----------------------|-----------------|
| -                    | SDF Declaration |
| -                    | Invoices        |
| -                    | Packing List    |
| -                    | Y               |

Signature of Exporter/CHA with Date

Let Export : Subash Trisal Dated : 10/01/2020 Allowed for Shipment

Signature of Officer of Customs

Signature of Officer of Customs

Contents Received on Board

Date of Shipment

Date

Signature of Master of Vessel

Signature of Officer of Customs