| SHIPPER'S LETTER OF INSTRUCTIONS | | | | | | | | | | | |
|---|---|---|---|--|---|---------------------|---------------|------------------------------------|-----------------------|-----------------|---|
| Date: | | | | | | | | | | | |
| FedEx A/c No. | 520855343 | Invoice No. | | | | IEC No | IEC No. | | 0689008139 | | |
| | | Date | | &bnsp | | | | | IEC Branch Serial No. | | |
| FedEx AWB No. | | EIN No. | | | | | | AD Cod | | | 6360295 |
| | | | | | | | | | | | |
| Shipper H.O.: 8/8 Strachy Ro | ad Allahahad - | Contract Type (tick on | e) | | C & F (brea | ıkun) | | PAN N | | C& I- | ACBPJ0823B |
| 211001, UP. INDIA | au, Andhubuu - | FOB | | C | Cost 680.00 | | Cost | си (вис | ікир) | CQ I | |
| | | Ex-work | | Frei | ght _{300.00} | Insur | | | | | |
| | | Currency Code | | | ICD | Fre | Freight [| | | | |
| | | | | USD | | | | | | | |
| | +91-8176080204 | Type of Shipping Bill (| whatever appil | | | | | 1 | | | I |
| Email Address | | Duty Drawback | | | NFEI | | | - | | | |
| Fax No. Consignee Remy varjabedian Mazraat yachou - Ellisar - Lebanon Street - Keuchkerian Bldg - 1 st floor Phone: 03-278686 remy@implamedbiomedicals.com | | Non Drawback Advance Authorization | | | obbing te-Export | | | Repair 6 | x Return | | If MEIS box is ticked in type of shippping bill please mention on the Shipping Bill as under: "We intend to claim rewards under Merchandise Export From India Scheme (MEIS)" |
| | | (AA) | | | o-Export | | (REWARD | | RD) | | |
| Phone:00961-3- 278686 | | | | _ | | | | | | | |
| Tol No. | | (Drawback / ROSCTL) | | D | rawback+EPCG) | | | Any Otl | | | |
| Tel No. Email ID - | | EPCG(Concesnal or Zero duty) | | E | OU | | | Comm Export V cour Value= | - CSB ier- | | |
| Buyer (If other tha | n Consignee) | Duty Drawback Details: | Non-Drawback | | | | | _ | | | |
| Remy varjabedian | | Bank Detail | AXIS BANK LTD | | | | | | | | |
| Mazraat yachou - Ellisar - Lebanon Street - Keuchkerian Bldg - 1 st floor Phone: 03-278686 remy@implamedbiomedicals.com Phone:00961-3- | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Current A/c No. 914020052016222 IFSC Code UTIB0000286 | | | | | | | | | |
| | | Description Of Goods Ophthalmic Goods | | | | | | | | | |
| 278686 | | | | | | | | | | | |
| | | Any Additional Instruction - | | | | | | | | | |
| Tel No. | | 1 6 | STN NO- | | | | | | - | and use Code | |
| Email ID- | | GSTIN | | | | | | 1 | ina use code | | |
| Destination | No. of Packages | Pay | | LUT | | | | Und | er IGST Paid | | |
| Germany 01 | | Detail of Preferential Ag | | ch the goods Standard Unit Quantity Co | | | | | | | |
| | | are being exported agreement applies to a | | | | | | | | | |
| | | attach the Item detai | ils in sheet Detai | ls Itemwise.) | | | | sheet Detail | | | |
| Net Weight | Gross Weight 15Kg | State of Origin of Good | de (If the State | of I | | District or (| rigin of go | oods (If the | Dietrict o | of origin appli | ios |
| 14kg | 13Kg | origin applies to all the Else attach the Item det Itemwi | ice. | to all the items in the inve | | | | e attach t | | | |
| Documents Enclos | ed (tick where a | oplicable) | | Mandatory if PSD / EP copy delivery address other | | | | | | <u>'</u> | |
| | | | | Post shipm | Post shipment document / EP delivery instructions | | | | | | |
| FedEx AWB (duly co | nplete) | | | Contact per | son | | | | | | |
| Invoice (5 copies) | | V V | | Telephone / Mobile | | | | | | | |
| Packing List (5 copies) GSP/Certificate of Origin Form | | — | | Street Address 1 | | | | | | | |
| Original, Duplicate Visa (with 2 copies) | | | | Street Address 2 | | | | | | | |
| Bank Certificate (GF EVD (Export Value D | | | City | City | | | | | | | |
| SDF / FEMA declaration | | ✓ | | City PIN number | | | | | | | |
| Annexure C1 (For 10 | 0% EOUshipments | (4) | Any other instructions on Doct chirament docs / ED delive | | | | 1: | | | | |
| | | | Any other in | Any other instructions on Post shipment docs / EP delive | | | | | | | |
| Advance Authorisa | tion / EDCC Det | vile | | | | | | | | | |
| Inv Item No RE | | illS | Dat | e | Advance Au | thorisation / E | PCG FILI | E NO, LIC | No & Da | ate: | |
| No | | | | | | | | | | | |
| Other Handling In | (If LIC prior to 2) | JU9) | | | | | | | | | |
| | | will be prepared by Jee | na & Co.) GSP | Type: Normal | / Tatkal (Sam | e Day) (Please | tick any | one) | | | |
| If NO - Please prov | | * * | | | | | | | | | |
| Broker to prepare docur correct and if during cu | nents on our behalf a stom examination any | nd getting our cargo cleared thing found contradictory, o | as per the docume bjectionable in the | nts and information | n provided to the | n by us. We herel | y also decla | ire that the ii | | | ncy Pvt Ltd as our authorized Customs invoice is as per our knowledge, true and |
| | | n are true, correct and comp reign Exchange Management | | nded from time to | time, including re | alization / repatri | ation of fore | ign exchange | to / from l | India. | |
| Shipper Signature | and Stamp | | | | | | | | | | |
| Shipper Name & D | esignation | | | | Co | ntact Details: | | | | | |