

TARUN ENTERPRISES

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

Phone: +91 8176080204

e-mail: info@optitecheyecare.com, info@ophthalmic.in

GSTIN: 09ACBPJ0823B1ZA

Drug Licence No. ALLD/5/21B/385, ALLD/5/20B/388 Dt. 06.05.2008

DISPATCH CHALLAN

Q2021220070 / O2021220134 / C2021220605

| Dull . | | | | | 1611 . | <u>- </u> | | . | | |
|--|----------------|------|------|-------------------------------------|--|--|------------|---------------|-----|--|
| Bill to: | | | | | Ship to: | | | | | |
| Levetta S.r.l. | | | | | Levetta S.r.l. | | | | | |
| Via Dei Cancellieri 6-8, Pistoia | | | | | Via Dei Cancellieri 6-8, Pistoia | | | | | |
| 51100, Italy | | | | | 51100, Italy | | | | | |
| Mobile: +39 (0)573 34704 | | | | | Mobile: +39 (0)573 34704 | | | | | |
| Email: mimaffe@tin.it | | | | | Email: mimaffe@tin.it | | | | | |
| Mr Michele Maffei | | | | | Mr Michele Maffei | | | | | |
| Challan No. | C2021220605 | | | | Invoice No: | | E21-22-038 | | | |
| Challan Date. | July, 01, 2021 | | | Invoice Date: July, 01, 2021 | | | | | | |
| Customer Id: | 276 | | | | Method Of Shipment: Party pick-up | | | | | |
| Order No: | O2021220134 | | | | Date Of Shipment: July, 01, 2021 | | | | | |
| Sales Person: | TarunJaggi | | | | Docket No: | | | | | |
| Dispatched From: | Allahabad | | | SB Number: | | | | | | |
| Terms of Delivery: 45 days | | | | | Terms of Payments: 30% payment (3.250,80 USD) by T/T and | | | | | |
| | | | | | 70% before the dispatch of the shipment | | | | | |
| Terms & Conditions: Freight Client Account /FOB, New Delhi | | | | | Special Information : | | | | | |
| /Business Registration Details: 09913300240/order no. #125-21/Et | | | | | | | | | | |
| + #126-21/Et + #127-21/Et. | | | | | | | | | | |
| S N Product Descrip | tion HSN | Unit | Otre | Rato | Ratch No | Mfa Dt | /Erm Dt | Discount/Unit | Net | |

| #120-21/Lt #12/-21/Lt. | | | | | 1 | | | | |
|--------------------------|--|----------|-------|------|------|-------------|-----------------|--------------------|---------------|
| S.N. | Product Description | HSN | Unit | Qty | Rate | Batch No | Mfg Dt./Exp Dt. | Discount/Unit | Net Amount |
| 1 | FL 100 (CE) Fluorescein Sodium Ophthalmic strip 1mg USP box of 100 strip. | 90185090 | Boxes | 1512 | 5.25 | TE/FL/2103 | 05-2021/04-2026 | 0 | 7938 |
| 2 | LIS 100 Lissamine Green Ophthalmic Strip 1.5 mg box of 100 strips. | 90185090 | Boxes | 252 | 5.5 | MIPL/A3/13 | 01-2020/12-2024 | 0 | 1386 |
| 3 | SCH 100 Schirmer Tear Test Ophthalmic strip SCH 100 box of 100 strip. | 90185090 | Boxes | 252 | 6 | TE/SCH/2101 | 05-2021/04-2026 | 0 | 1512 |
| Net Total | | | | | | | | | € 10836 |
| Freight Charges | | | | | | | | € 0 | |
| | | | | | | | | Grand Total | € 10836 |

Doc No. TE/F-7.5-07 For Tarun Enterprises | BANK AD CODE: 0410003-2900009 Prepared by Tarun Jaggi| Packed by

Remit to:

Payment: 100% T/T(wire) **Bank Details for:** (EUR)

Beneficiary's Name : Tarun Enterprises **Account No. :** 111963700000179 **Bank Name :** Yes Bank Limited (EURO) **SWIFT Code :** YESBINBBDEL

Bank Address: Yes Bank Limited, 17/15/1 Maharishi Dayanand Marg, Thornhill Road, Civil Lines, Allahabad 211001, UP,

India

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises



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Order Processing Team

This is a computer-generated document. No signature is required.