Tax Invoice

(Original for the Receipient)



ATRIA CONVERGENCE TECHNOLOGIES LIMITED,

8-2-618/1/2, Road No 11,

Banjara Hills, Hyderabad, Telangana

500034.

Ph.No: 9121212121,7288999999

www.actcorp.in

E-mail: support@actcorp.in GSTIN: 36AACCA8907B1ZZ

Name: ANURAG YADAV

Address: SCB-7-05-031,Sri nagar colony,tirumalgiri

SECUNDERABAD Hyderabad Telangana

India

Zip Code: 500015 Home: 8297732603

Mobile : GSTIN : 0 User Id: 101014253260 Account No: 101014253260 Invoice No.: TG-B1-20490027 Invoice Date: 01/03/2020 Invoice Period: Mar/2020

Due Date: 13/03/2020

Previous Due ₹	Payments Received ₹	Adjustments ₹	Invoice Amount ₹	Balance Amount ₹	Amount Payable ₹	Amount Payable ₹ If paid after due date		
0	0	0	3,009	3,009	3,009	3,034		

Invoice Charges				Account No: 101014253260			User Name:101014253260									
Тх	n No	Txn Date	Period	Description	HSN Code	Package/Goods Description	Rate	Unit	Quantity	Discount	Taxable Amount	CGST Rate %	CGST Amount	SGST Rate %	SGST Amount	Amount Incl. Tax
	i-B1- 490027,6	01/03/2020	13/03/2020 - 12/09/2020	Internet telecommunications services	9984	A-MAX Swift FT 6M	2550	Per SemiAnnual	184 days	0	2,550	9	229.5	9	229.5	3,009
									S	ub Total:	2,550		229.5		229.5	3,009
	Invoice Amount: 2,550						2,550		22	29.5		229	.5 3,009			

Registered office address: No. 1, 2nd and 3rd Floor, Indian Express Building, Queens Road, Bangalore - 560001.

CIN no: U72900KA2000PLC027290 Tel: 08042884288 Fax no: 080-42884200



Terms and Conditions

- 1. Cheques to be in favour of "M/s ATRIA CONVERGENCE TECHNOLOGIES LIMITED".
- 2. In case of cheque bounce, Rs.100/- penalty will be levied.
- 3. 18% interest will be levied on overdue payments
- 4. Late Payment fee of Rs. 25/- shall be applicable if bill is paid post due date
- 5. In case of overdue/ defaults, the right to deactivate your services, is reserved.
- 6. All disputes are subject to Telangana jurisdiction.
- 7. Unless otherwise stated,tax on this invoice is not payable under reverse charge.
- 8. This Invoice is system generated hence signature and stamp is not required



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Remittance Slip

Mode Of Payment : Collection Date : Cash/Cheque/DD :

Amount enclosed : EmployeeName : Bank & Branch Details :

Bill Number : TG-B1-20490027