

## Tax Invoice

(Original for the Recipient)



**ATRIA CONVERGENCE  
TECHNOLOGIES LIMITED,**  
Golden Heights M.NO.1/2,  
59TH C Cross,4TH M Block  
Rajajinagar, Bangalore, 560010  
Ph.No : 9121212121,7288999999  
E-mail : helpdesk.blr@actcorp.in  
GSTIN : 29AACCA8907B1ZU

Name : RAVIKIRAN N

Address : #93 FIRST FLOOR 5TH CROSS BALAJI NAGAR BSK  
3RD STAGE

Bangalore

Karnataka

India

Zip Code: 560085

Home : 8050608856

Mobile :

GSTIN :

User Id : 102461245531

Account No : 102461245531

Invoice No. : KA-B1-76730510

Invoice Date : 01/07/2020

Invoice Period : Jul/2020

Due Date : 15/07/2020

Previous Due ₹	Payments Received ₹	Adjustments ₹	Invoice Amount ₹	Balance Amount ₹	Amount Payable ₹	Amount Payable ₹ If paid after due date
0	3441	-59	3500	3441	3441	3541

## Adjustments

Account No: 102461245531

User Name:102461245531

Invoice No.	Txn Ref No.	Txn Date	Package/Goods Description	HSN Code	Description	Taxable Amount	CGST Rate %	CGST Amount	SGST Rate %	SGST Amount	Amount Incl. Tax
KA-B1-76730510	A1-8934583	01/07/2020	Internet telecommunications services	998422	Special Discount	-50	9	-4.5	9	-4.5	-59
Adjustments:						-50		0		-9	-59

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

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\*T&amp;C Apply.

## Terms and Conditions

- Cheques to be in favour of "M/s ATRIA CONVERGENCE TECHNOLOGIES LIMITED".
- In case of cheque bounce, Rs.100/- penalty will be levied.
- 18% interest will be levied on overdue payments
- ACT Shall levy late fee charge in case the bill is paid after the due date
- In case of overdue/ defaults, the right to deactivate your services, is reserved.
- All disputes are subject to Karnataka 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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\*T&C Apply



#### Remittance Slip

Mode Of Payment	:	Collection Date	:	Cash/Cheque/DD	:
Amount enclosed	:	EmployeeName	:	Bank & Branch Details	:
AccountNo	:	Subscriber Name	:	UserName	:
Bill Number	:				