**Sales Person: Avish Chabhadia POT ID: POT32150**

GOAPL OPF No. AC/D/001 OPF Date:22.08.2018

# 

CustomerName: Star Union Dai-ichi Life Insurance Company Limited Galaxy Billing from (Location): Mumbai

# 

Purchase Order No. SUDLIFE/FY18-19/IT/2311 Purchase Date: 21.08.2018

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Billing Address** | Delivery Address | | | | |
| Star Union Dai-ichi Life Insurance Company Limited | Star Union Dai-ichi Life Insurance Company Limited | | | | |
| Company Limited, 16th Floor, Raghuleela Arcade, IT Park, Sector-30A, Opp. Vashi Railway Station, Navi Mumbai-400703 | Company Limited, 16th Floor, Raghuleela Arcade, IT Park, Sector -30A, Opp. Vashi Railway Station, Navi Mumbai-400703 | | | | |
| State : Maharashtra | State : Maharashtra | | | | |
| Contact Person: Mr Manish V | Contact Person: Mr Manish V | | | | |
| Tel : 022-41243406 | Tel : 022-41243406 | | | | |
| Email:- [Manish.Vengurlekar@sudlife.in](file:///C:\Users\rishabh\Desktop\rpa%20projects\rpae_project\19thDecember\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\FZ1RR4MJ\Manish.Vengurlekar@sudlife.in) | Email:- [Manish.Vengurlekar@sudlife.in](file:///C:\Users\rishabh\Desktop\rpa%20projects\rpae_project\19thDecember\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\FZ1RR4MJ\Manish.Vengurlekar@sudlife.in) | | | | |
| GSTN NO: - 27AALCS3949Q1ZC  PAN NO:- AALCS3949Q | GSTN NO: -  PAN NO:- | | | | |
| Customer Declaration Applicable : Yes / No |  |  |  |  |  |

**SALES DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. | Description | Qty. | Unit Price  INR | Total Price  INR |
| 1 | Part no: VS6-ESSL-SUB-C  Subscription VMware vSphere 6 Essentials Kit for 3 hosts (Max 2 Processors per host)  Start Date: 08.06.2018  End Date: 15.08.2021  No. of Days: 1165 | 1 | 18,000.00 | 18,000.00 |
|  |  |  | Sub- Total | 18,000.00 |
|  |  |  | **CGST 9 %** | 1,620.00 |
|  |  |  | **SGST 9 %`** | 1,620.00 |
|  |  |  | **IGST %** | NA |
|  |  |  | **Freight** | NA |
|  |  |  | **Round Off** | NA |
|  |  |  | **Grand Total** | 21,240.00 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dely. Reqd. Dt.** | **L. D.** | **SPC**  **Required.** | **Prefered Vendor**  **Name** | **Estimated**  **Delivery Dt.** | **Mtrl. rcd. From**  **Vendor Dt.** | **Installation**  **Compl. Date** |
|  |  |  |  |  |  |  |

SPECIAL INSTRUCTIONS: e-Licnese

PAYMENT TERMS: Within 30 days from the date of submission of Invoice.

SCOPE OF WORK: Only supply, Support 100% OEM back to back

***\*Required Cost sheet in excel format along with OPF.***

**Purchase Department Use Only**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. | Item 1 | | Item 2 | | Item 3 | |
| Description & Part No. | Qty. | Description & Part No. | Qty. | Description & Part No. | Qty. | |
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***\*If required attach additional sheet***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S/N. | Challan No. | Challan Date | Invoice No. | Invoice Date |
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**Accounts Department Use Only**