

STERIS CORPORATION
5960 HEISLEY RD.
MENTOR, OH 44060

INVOICE

SOLID TO:

SQUARE HOSPITALS LIMITED
18/F BIR UTTAM QAZI NURUZZAMAN
SARAK, WEST PANTHAPATH,
DHAKA-1205, BANGLADESH

INVOICE NUMBER: 10799240
DATE: 01/27/2023
L/C NUMBER: 421011133348-G
Currency: USD

ORIGINAL

COVERING:

Partial Shipment

+SPARE PARTS OF MEDICAL EQUIPMENT
OTHER DETAILS AS PER PROFORMA INVOICE NO. (AS MENTIONED IN POINT
NO.1 OF FIELD 46A) ISSUED BY THE BENEFICIARY. INCOTERMS 2020
CFR/CPT CHATTOGRAM SEAPORT/DHAKA AIRPORT, BANGLADESH

THIS PARTIAL SHIPMENT CONSISTS OF:

+SPARE PARTS OF MEDICAL EQUIPMENT
OTHER DETAILS AS PER PROFORMA INVOICE NO. (AS MENTIONED IN POINT
NO.1 OF FIELD 46A) (PROFORMA INVOICE NUMBER AND DATE: 14202368 DATE: 28.11.2022) ISSUED BY THE
BENEFICIARY. INCOTERMS 2020
CPT DHAKA AIRPORT, BANGLADESH

THE FCA VALUE: USD 15,791.19
FREIGHT CHARGE: USD 03,746.00
TOTAL CPT VALUE OF THE GOODS: USD 19,537.19

PORT OF LOADING: MEMPHIS, TN AIRPORT IN USA

WE CERTIFY THAT THE GOODS HEREIN INVOICED CONFORM AS PER PROFORMA INVOICE ISSUED BY THE BENEFICIARY.

- A) PROFORMA INVOICE NUMBER AND DATE: 14202368 DATE: 28.11.2022
- B) APPLICANT'S BIN (BUSINESS IDENTIFICATION NUMBER): 000215857-0402
- C) APPLICANT'S TIN (TAX IDENTIFICATION NUMBER): 198346898462.
- D) COUNTRY OF ORIGIN: USA
- F) IMPORTER'S IRC NUMBER: 260326110228719
- G) H.S. CODE NUMBER: 3402.90.99,8422.90.00
- H) INSURANCE COVER NOTE NUMBER AND DATE: PIONEER/HO/MC-13723/12/2022 DATED: 20.12.2022

CPT DHAKA AIRPORT, BANGLADESH

\$ 19,537.19

APPLICANT'S BIN NUMBER: 000215857-0402, DOCUMENTARY CREDIT NUMBER: 421011133348-G, BANGLADESH BANK DC
REFERENCE NUMBER: 248623010007 AND LC ISSUING BANK'S NAME: STANDARD CHARTERED BANK, DHAKA, BANGLADESH,
AND BUSINESS IDENTIFICATION NO(BIN): 000002689-0002.

WE CERTIFY INVOICE TO BE TRUE AND CORRECT
STERIS CORPORATION

THESE COMMODITIES, TECHNOLOGY OR SOFTWARE WERE EXPORTED
FROM THE UNITED STATES IN ACCORDANCE WITH THE EXPORT
ADMINISTRATION REGULATIONS. DIVERSION CONTRARY TO U. S. LAW IS
PROHIBITED.

Authorized Signature