ORIGIN ID:KTUA SANTY RSHIPPER DSZVD CXVDXVDFXC

KOTA, DE 324001 INDIA IN

SHIP DATE: 03JUL17 ACTWGT: 0.50 KG CAD: 100281503/WSXI3100 DIMS: 1x1x1 CM

BILL SENDER

PANDEY JI PANDEY SHIPPER DSV CVSDVC SDVC **TEST LABEL - DO NOT SHIP**

9876543210

AA

MUMBAI BO 400059 9876543210 INV:

PO:

DEPT:





PRIORITY OVERNIGHT RES 400059

00 BOMCL

7946 0335 7197

BOM



After printing this label:
CONSIGNEE COPY - PLEASE PLACE IN FRONT OF POUCH
1. Fold the printed page along the horizontal line.
2. Place label in shipping pouch and affix it to your shipment.

ORIGIN ID:KTUA 9876543210 Santy rShipper dszvd cxvdxvdfxc

Kota, DE 324001 INDIA, IN Ship Date: 03JUL17 ActWgt: 0.50 KG CAD: 100281503/WSXI3100

Dims: 1x1x1 CM BILL SENDER EIN/VAT:

TO Pandey Ji
Pandey Shipper
dsv cvsdvc sdvc
TEST LABEL - DO NOT SHIP
Mumbai, BO 400059

9876543210

Fedex © Express

(IN)





TRK# 7946 0335 7197

Form 0467

7940 0333 7 197

PRIORITY OVERNIGHT

REF:

DESC1:Book & Pen

DESC3: DESC4:

Shipper VAT/CST/TIN: Recipient VAT/CST/TIN: INVOICE VALUE: 1000.00 INR 00 BOMCL

RES PKG TYPE: CUSTOMER

After printing this label: FEDEX AWB COPY - PLEASE PLACE BEHIND CONSIGNEE COPY 1. Fold the printed page along the horizontal line.

2. Place label in shipping pouch and affix it to your shipment.

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After printing this label: FEDEX AWB COPY - PLEASE PLACE BEHIND CONSIGNEE COPY 1. Fold the printed page along the horizontal line.

2. Place label in shipping pouch and affix it to your shipment.

Pro Forma Invoice

This invo	ice must l	be complet	ted in Englis	sh.		F10 1 01	av				Page	of _	Į.	
EXPORTE	R:						Ship Date:							
Tax ID#:							03 Jul, 201	7						
Contact Name: Santy							Air Waybill No. / Tracking No.:							
Telephone No.: 9876543210							00000000000							
E-Mail:							Invoice No.:		Puro	hase Order No.:				
Company Name/Address:														
rShipper								Payment Terms: Bill of Lading:						
dszvd cxvdxvdfxc														
							Purpose of Shipment:							
								REPAIR_AND_RETURN						
Kota 324001														
Country: INDIA														
Parties to Transaction:														
Related X Non-Related														
CONSIGNEE:								SOLD TO / IMPORTER (if different from Consignee):						
Tax ID#:								X Same as CONSIGNEE:						
Contact Name: Pandey Ji								Same as CONSIGNEE.						
Telephone No.: 9876543210								Tax ID#:						
E-Mail:								TOX ID#.						
ı	Name/Addr	966.					Company Na	ma/Addross:						
Company Name/Address: Pandey Shipper								Company Name/Address:						
dsv cvsd														
1		O NOT SHI	P**											
		0 110 1 01 11	•											
Mumbai	400059													
Country: INDIA								OIA						
If there is a	designate	d broker for	this shipment	, please provide										
Name of B	roker					Tel. No.		Conta	ct Name					
		able by	7]					, 20						
Duties and No. of				Consignee	Oth	ner if Other, pi	lease specify		Carreter of			Total		
Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure		Descrip	otion of Goods		Harmonized Tariff Number	Country of Manufacture	Unit Value		Value		
1	1.00	0.50	EA	Book & Pen					IN	1.0000	000		1.00	
Total	Total	Total Net	(Indicate	Total Gross (I	ndicate	Terms								
Pkgs	Units	Weight	LBS/KGS)	Weight LE	SS/KGS)	of Sale:				Subtotal:			1.00	
1	1.00		0 KG	0.50 K	.i					Insurance:			0.00	
Special Ins	tructions: ,	Amount in w	ords: Rupees	One only						Freight:			0.00	
										Packing:			0.00	
Declaration Statement(s):										Handling:			0.00	
										Other:			0.00	
I declare that all the information contained in this invoice to be true and correct.										Invoice Total:			1.00	
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual: Santy										Currency Code:		INR		
Signature	/ Title / Date	ə:									,	03 J	ul, 2017	
												REV. 04.10	.13-1.08	