

# TAX INVOICE

ORIGINAL for RECIPIENT

No:- 0014098893 | Issue Date 09.10.2020

## Alliance Broadband Services Pvt. Ltd.

City: Kolkata  
Address: P-31, Nani Gopal Roy Chowdhury Avenue, Kolkata - 700014  
PAN No: AAECA3151B  
GST No: 19AAECA3151B1Z7  
State: West Bengal code: 19  
CIN No: U72900WB2003PTC095621  
SAC No: 998422  
Phone: 033-71002000, Toll Free No: 1800 1200 300 www.alliancebroadband.co.in

## TO: Subhajit Pal

Address: Nirman Garden (B), Fifth Floor, A5, Krishnapur, West Bengal, Kolkata-700102 7044081235  
State: West Bengal code: 19

N	Description of goods or services	amount
1	fee "STARTER" (11.10.2020 to 09.11.2020)	500.000
TOTAL AMOUNT		500.00
CGST (9%)		45.00
SGST (9%)		45.00
TOTAL		590.00
Rounded off		590.00
IN WORDS: INR Five hundred and ninety rupee		
Payment method: <input type="checkbox"/> Cheque <input type="checkbox"/> D.D/P.O. <input type="checkbox"/> Cash		
Date of occurrence of chargeable event / payment: 09.10.2020 / 09.10.2020		

### TERMS AND CONDITIONS

- 1) It will be deemed that you have accepted this Invoice in full in the event you have not lodged any written objection with us within 20 days of receipt of this Invoice.
- 2) To avoid disconnection of service you are requested to pay the full amount by the due date mentioned in the invoice. An interest of 18% per annum will be charged on the amount remaining unpaid after the due date.
- 3) All Cheques/Demand Drafts in payment of Invoice should be drawn in favour of "Alliance Broadband Services Pvt. Ltd."
- 4) Kindly mention invoice number along with your payment to ensure correct and timely processing.
- 5) Cheque Return Charges of Rs. 250 would be charged extra.
- 6) E-Invoice will be generated within 48 hours, wherever applicable.
- 7) E. & O. E.

Issuer: \*\*\*\*\*ONLINE PAYMENT\*\*\*\*\*

Receiver:  
Client ID: 9256094615  
Authorised Signatory:

*Subhajit Pal*

Authorised Signatory



Additional user details: Username: sp87\_acn  
IP Address: 172.18.170.87  
Zone: A to Z New Five Star Broadband Service

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### REMITTANCE SLIP

PAYMENT DETAILS: (Please Tick) Mode of Payment ☐ Cheque ☐ Demand draft ☐ Cash

Cheque/DD No.	Name of the Bank	Branch	Date	Amount(Rs.)
				590.00

User ID  Customer's name

Invoice No.:  Invoice Date  Expiry Date

Customer's Signature \_\_\_\_\_

Channel Partner's Seal