

## Annexure for Reimbursement of FOB Expenses.

### CHARTERED ACCOUNTANT CERTIFICATE ON DETAILS OF EXPORT AND FOB EXPENSES.

We hereby certify that M/s. \_\_\_\_\_  
having its factory at \_\_\_\_\_ have made the following exports  
during the period from \_\_\_\_\_ to \_\_\_\_\_

#### DETAILS OF EXPORT.

Sr. No	Details of Export.	Product-1	Product-2	Product-3
1.	Year of export.			
2.	Commercial Invoice Number.			
3.	Buyer's Name.			
4.	Product Name.			
5.	Quantity Sold			
6.	Price Per Unit.			
7.	Value Term / International Commercial Terms (INCOTERMS) Applied.			
8.	Date Of Lading			
9.	Value Of Sales on Date Of Lading,			
10.	Settlement Advice Number of Payment Received.			
11.	Shipping Bill Number			
12.	FOB Value as Per Shipping Bill			
13.	Export Related Expenses.			
14.	FOB Shipping Point			

#### DETAILS OF FOB EXPENSES.

Sr. No.	Particulars.	Product-1	Product-2	Product-3
1.	Year of export.			
2.	Ex-factory value of product.			
3.	Loading charges on carrier at origin in lakhs.			
4.	Transportation charges up to Customs in lakhs.			
5.	Unloading charges in lakhs.			
6.	Customs duty in lakhs.			
7.	Customs clearance charges, if			

	any, in lakhs.			
8.	Local Insurance in lakhs.			
9.	GST in Lakhs.			
10.	Loading on board Charges in lakhs.			
11.	Others (Clearly mention and attach documentary proof)			
12.	Total FOB expenses. (Total of 3 to 11)			

We hereby confirm that we have examined the prescribed registers / books of account and the bank statement for the period of from \_\_\_\_\_ to \_\_\_\_\_ in respect of the above unit.

We fully understand that information furnished in this certificate if found to be incorrect or false, will render us liable to face any penal action or other consequences as may be prescribed in the law or otherwise warranted.

Name:

Address:

Membership No.: [Name and address of the Institution where registered]

Place:

Date:

Signature of the Applicant /  
Authorised Signatory

Signature of Chartered Accountant  
(Sign & Seal of the signatory)

Name:

Designation: