

**YOUR COMPANY NAME**  
**ADDRESS**

Tel: +91  
GSTIN:

**Tax Invoice**

Invoice No:	State:
Date of Issue:	State Code:

Bill to Party	Ship to Party
Name: KYORITSU KEW INDIA INSTRUMENTS PVT LTD	Name: KYORITSU KEW INDIA INSTRUMENTS PVT LTD
Address: B-404, Gangotri Atps. Opp. Kalpataru Flats, Lad Society, Vastrapur, AHMEDABAD-380015	Address: B-404, Gangotri Atps. Opp. Kalpataru Flats, Lad Society, Vastrapur, AHMEDABAD-380015
GSTIN/UIN: 24AAGCK1062M1ZJ	GSTIN: 24AAGCK1062M1ZJ
State: GUJARAT	State: GUJARAT
Code	Code

Sr.No	Description	SAC			Commission	AMOUNT
1	Commission	996111			100,000.00	100,000.00
100,000.00						
TOTAL						118,000.00

**Total Invoice Amount (In words) One Lakh Eighteen Thousand Only**

	<b>Bank Details :</b> Account No.: 0713179019 Account Type: Current Name of Bank: CITI BANK N.A. Branch Address: AHMEDABAD RTGS / NEF IFSC Code : CITI0000007	Certified that the particulars given above are true and correct  <b>For YOUR COMPANY NAME</b>   <b>Authorised Signatory</b>
--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------