



Paramount Forwarders

No. 38/73, Coral Merchant Street
4th Floor, Mannady, Chennai - 600 001
GSTIN/UIN: 33AACPN7801J1ZT
State Name : Tamil Nadu, Code : 33
E-Mail : ssr@parafor.in, docs@parafor.in

GST INVOICE

M/s. SHIPMENT SOLUTIONS PRIVATE LIMITED FIRST FLOOR, 39/3202E, SRI SIDHIVINAYAKA APARTMENTS, ILLOM ROAD, COCHIN, Ernakulam State : Kerala, Code : 32 GSTIN : 32AAXCS7126B1ZB	Bill No. : 251/21-22 Bill Date : 20-Jul-2021 Ref No. : QUANTITY :
S.B.No/B.E. No : INV No /DT : DESTINATION / ORIGIN :	CONTR No : DESCRIPTION : BL NO :

S. NO	PARTICULARS	SAC CODE	TAXABLE AMOUNT	NON TAXABLE AMOUNT	IGST RATE	IGST AMOUNT
1	SERVICE CHARGES FOR OBTAINING THE OBL FROM LINER BL NO'S: COAU7232947620 HLCUEUR210721613 HLCUEUR2106BZQP3 3 NOS X RS 500=1500.00 AND COURIER CHARGES RS 400 FOR BL NO:COAU7232947620	996712	1,900.00		18%	342.00
Total			1,900.00		342.00	

Net Amount 2,242.00

Rupees Two Thousand Two Hundred Forty Two only

E.&O.E
BEING SERVICE INVOICE RAISED TO SHIPMENT SOLUTION PVT LTD

Verified by
for Paramount Forwarders

Bank Name : INDIAN OVERSEAS BANK A/C No : 130702000003330
Branch : BROADWAY BRANCH IFSC : IOBA0001307

AUTHORISED SIGNATORY

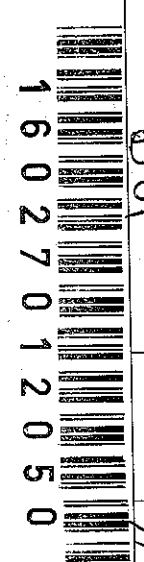
Terms of Payment

CHEQUES : All Cheques or Demand Drafts against payment of bills should be drawn in favor of 'Paramount Forwarders' on Chennai banks only and should be crossed 'A/C Payee Only'. NO Outstation cheques will be accepted even if it is Payable At Par

APRIL-2021

Customer Code Pava Moun 7 SHIPPING		Consignee Code SHIPMENT SOLUTIONS PVT LTD	
Sender Address _____		Attn Address 1st Floor, 8th St, Siddhi Vinay Agarh	
City Pune Pin 411004		City Kochi Pin 682016	
Tel. _____		Tel. _____	
E-mail _____		E-mail _____	
This shipment does not contain any cash or equivalent. It is requested to make any such payment(s) BDE shall be entitled to recover the same from the Shipper. Freight charges and GST shall be paid by the Shipper. Stamp duty if payable on the voucher shall be borne by the Shipper exclusively. Shipper's Signature: _____			
NAME _____			
PU 12/7 Time _____		Code _____	
Date 12/7 P/U _____		INSURANCE The Shipper has stated that: <input type="checkbox"/> He has not insured the Consignment. <input checked="" type="checkbox"/> He has insured the Consignment.	
Ship _____		Insurance Policy No. _____	
Date _____ Emp # _____		Amount _____	
Name _____		Insurance Company _____	
Sign _____		GST (Rs.) 000/-	
Priority _____ PUR # _____		Special Instructions: _____	
GST No. _____		Total: _____	

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SHIPPER'S COPY

173