



Healthcare Ingredients Ltd

Healthcare Ingredients Ltd.  
Unit 209, No 20 Xiangfusanli  
Xiang'an 36100, China

## Proforma Invoice

		Invoice Date: Jan 23, 2024	
		Invoice No. HIL-PI24IN01001	
<b>BILL TO:</b>		<b>SHIP TO:</b>	
<b>Indian Immunologicals Limited</b> Rakshapuram, Gachibowli Post, Hyderabad 500032 Telangana, India CIN: U72200TG1999PLC032666		<b>Indian Immunologicals Limited</b> Rakshapuram, Gachibowli Post, Hyderabad 500032 Telangana, India CIN: U72200TG1999PLC032666	
<b>INCOTERMS: CIF AIR</b>		<b>Payment: TT ADVANCE</b>	
<b>LOADING PORT: ANY CHINESE AIRPORT, CHINA</b>		<b>DESTINATION PORT: HYDERABAD, INDIA</b>	
<b>DESCRIPTIONS OF GOODS or Services</b>	<b>QUANTITY</b>	<b>UNIT VALUE</b>	<b>TOTAL VALUE</b>
CpG 1018	10Grams	USD1550/g	USD15500.00
			USD15500.00
<b>SAY U.S.DOLLARS FIFTEEN THOUSAND FIVE HUNDRED ONLY.</b>			
<b>Pls arrange payment to:</b> Beneficiary Name: Healthcare Ingredients Ltd. Beneficiary Bank account: 8311805885 Beneficiary Bank Name: Community Federal Savings Bank Bank Address: 89-16 Jamaica Ave, Woodhaven NY 11421, United States SWIFT Address: CMFGUS33		<b>TOTAL INVOICE VALUE</b> <b>USD15500.00</b>	
I hereby certify that this invoice shows the actual price of goods described, and that all particulars are true and correct.			
		SIGNATURE & STAMP OF SHIPPER OR EXPORTER	
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**INDIAN IMMUNOLOGICALS LIMITED**

**VENDOR MASTER FORMAT**

<b>Name of Vendor (*)</b> (to whom the cheque to be issue)	HEALTHCARE INGREDIENTS LTD		
<b>Contact person (*)</b>	JOEY LIN		
<b>Business Address (*)</b>	UNIT 209,NO.20,XIANGFUSANLI		
Address	XIAMEN 361100		
	CHINA		
City & Pin code	361100		
District, State & Country	CHINA		
Telephone-Landline	+86-592-5170721		
Mobile Number	8613806097007		
Alternate Mobile Number			
Fax	+86-592-5170731		
Mail Id	JOEYLIN@XINGREDIENT.COM		
Alternate Mail Id			
Website	WWW.XINGREDIENT.COM		
GST Vendor Classification	Registered / Not Registered / Compounding Scheme	REGISTERED	
Type of Vendor	Individual / Firm / Company	COMPANY	
Nature of the Vendor	SEZ Unit / Foreign Company / Domestic Unit / STIP U	Foreign company	
GST Registration Certificate	Date of enrollment/Acknowledgement	Submit the copy of document	
<b>TAX DETAILS</b>			
Permanent Account Number (PAN) (*)	91350203MA345WC23J	Submit the copy of document	
TAN		Submit the copy of document	
MSME / NON-MSME (SSI / Non-SSI) (*)		Submit the copy if MSME	
IT Exemption/Tax rebate certificates, if any		Submit the copy of document	
IEC No (If applicable)		Submit the copy of document	
Corporate Identification Number (CIN)		Submit the copy of document	
Partners address proof/At least one partner's PAN		Submit the copy of document	
<b>Bank Details (*)</b>			
Name of the Bank	Community Federal Savings Bank	Submit the copy of Blank / Cancelled Cheque	
Bank Branch Name & Address	89-16 Jamaica Ave,Woodhaven NY 11421,United States		
Bank Account No	8311805885		
Bank Branch - IFSC Code			
Bank Branch - MICR Code			
Bank SWIFT Code	CMFGUS33		
Type of Account ( Savings / C.A / CC)	saving		
<b>(*) Mandatory Fields ( For IIL use only)</b>			
<b>For Internal Use only (IIL)</b>			
Vendor Code			
Material Type			
Account Group			
Purchasing Organization			
Payment terms			
Order Currency			
INCO terms			
Requested By			
Created By			
Verified By			
Approved By			