

**Coop Name:**

# INVOICE

**Address:**

**INV. DATE:** March 15, 2020  
**INVOICE #:** KSSFCL-01/2019-2020

**Coop PAN:**

**Bill To:**

**M/s Karnataka State Souharda Federal Co Operative Limited**  
Nirman Bhavan, Dr. Rajkumar Road,  
Rajajinagar 1st Block, Opp Orion Mall,  
Bangalore-560010, Karnataka, India  
GSTIN - 29AAAJK0364R1ZN

SL.NO	DESCRIPTION	AMOUNT
1	Estamp Commission for the period March 2019 to Feb-2020 SAC-9962  (Rupees )	
E & OE	<b>TOTAL</b>	-

For

Authorised Signatory