

AYURVEDIC NATURAL HEALTH CENTRE PVT. LTD.

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Date:

Ref.: (For Office Use only)

PAYMENT F O R M

Particulars	
Full Name:	
Total payment to be done:	
Part payment done:	
Balance payment to be done:	
Date of money transfer:	
Mode of transfer:	
Amount transferred:	
Extra taxes paid if any:	
Details of money transfer:	
Postal address of the sender:	
Bank receipt attachment of the transfer:	

For Ayurvedic Natural Health Centre Pvt. Ltd.

Sd/-

Authorized Signatory

N.B. This is an Electronic Invoice and indicates actual records and does not need any official signature