

EVENT NAME, DATE  
& VENUE ADDRESS

**Company Name: Matoshri Construction Co.**  
**Address:** Ground floor, Room no. 30,  
Sarvoday Trust building, Gokhale Road South,  
Dadar (W), Mumbai - 400 028  
**Telefax:** + 91 22 2422 8330  
**Contact Person: Mr. Rajan Mangle**  
Mobile: + 91 98203 55492; 9820255493  
E-mail: [matoshri.cons@gmail.com](mailto:matoshri.cons@gmail.com)

OPTIONAL  
**FORM F27**

**COMPRESSED AIR  
SUPPLY**

**DEADLINE FOR RECEIPT OF FORM :**

Hose Diameter	Pressure		Free Air Delivery		Per Cost INR (A)	Qty (B)	Amount INR (A x B)
	PSL	BAR	L/M	CFM			
12mm OD.	90	5 to 6	300	10.60			
<b>Sub Total</b>							
Add GST%							
<b>Total</b>							

**Note: -**

- The rates mentioned above are on a hire basis and applicable for show days only.
- Orders are valid **only** when accompanied with full payment before the deadline.
- Please make transfer payments to **Matoshri Construction Co.,**

Bank Details	
Bank Name	IDBI BANK
Address	SILVER PARTMENT, PRABHADEVI, MUMBAI - 400028
Beneficiary Name	MATOSHRI CONSTRUCTION CO.
Beneficiary Address	SARVODAYA TRUST BUILDING, GOKHALE ROAD SOUTH, DADAR WEST, MUMBAI - 400028
Account No.	0579102000004817
Swift Code	IBKLINBB004
IFSC Code	IBKL0000579
GSTNO	27AFZPM2153A1ZE

**Other Payment Methods:**

	<b>RTGS/NEFT/</b>
<b>Note: -</b>	To click on the Link Press & Hold ctrl key on the keyboard.

**Remarks:**

1. Late orders after the above-mentioned deadline, will not be provided, **and if available, will be subject to a surcharge of 30% extra on the total amount upon full payment only.**
2. **Amendment or reproduction during set-up or show days will cause us to charge extra to exhibitor.**
3. No refund will be given for cancellation of orders done by the exhibitor between set-up days and show days.
4. **Exhibitor must upload the layout of stall to indicate the location of water supply point along with this form,** or else it will be placed at the contractor's discretion and Matoshri Construction Co. will not be responsible for any relocation thereafter.
5. All the above relocation costs if any shall be at actuals and at the exhibitor's expense.

Exhibiting Company Name & Billing Address:	
Stand No:	
Contact Person:	Mobile No.:
Tel:	Fax:
E-mail:	GST REG.NO.:
Signature:	Date: