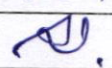


PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                 |                               |                                                                     |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------|------------------|
| Date: 04/10/23                                                                                                                                                                                                                                    |                  | Prepared by V. RAVI                                                                                                                                             |                               | Serial no.                                                          |                  |
| Supplier name Sri Sai Vishal Enterprises                                                                                                                                                                                                          |                  |                                                                                                                                                                 |                               | HO inward no.                                                       |                  |
| Firm/Company MRNLUP                                                                                                                                                                                                                               |                  | Project G.M.R                                                                                                                                                   |                               | HO received date                                                    |                  |
| PO/WO date 08.03.22                                                                                                                                                                                                                               |                  | PO/WO No. 86190.                                                                                                                                                |                               | Scan ID.                                                            |                  |
| Sl no.                                                                                                                                                                                                                                            | Bill no.         | Bill date                                                                                                                                                       | Bill amount                   | Original attached                                                   |                  |
| 1.                                                                                                                                                                                                                                                | 001              | 02.05.22                                                                                                                                                        | 38,750.-w                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| 2.                                                                                                                                                                                                                                                |                  |                                                                                                                                                                 |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |
| 3.                                                                                                                                                                                                                                                |                  |                                                                                                                                                                 |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |
| 4.                                                                                                                                                                                                                                                |                  |                                                                                                                                                                 |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |
| Amount A – Bills total (Excluding Transport & Hamali Charges):                                                                                                                                                                                    |                  |                                                                                                                                                                 |                               | 38,750.-w                                                           |                  |
| Proof of delivery by way of: <input checked="" type="checkbox"/> DCs/bill <input type="checkbox"/> Steel report <input type="checkbox"/> RMC pour report <input type="checkbox"/> Solid block report <input type="checkbox"/> Installation report |                  |                                                                                                                                                                 |                               |                                                                     |                  |
| MRN nos.:                                                                                                                                                                                                                                         |                  |                                                                                                                                                                 | Proof of delivery matches MRN | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |
| Amount B –Other Credits : Transportation charges                                                                                                                                                                                                  |                  |                                                                                                                                                                 |                               | ✓                                                                   |                  |
| Amount C –Other Debits :                                                                                                                                                                                                                          |                  |                                                                                                                                                                 |                               | ✓                                                                   |                  |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:                                                                                                                                                                                       |                  |                                                                                                                                                                 |                               | 38,750.-w                                                           |                  |
| Amount E – PO / WO value:                                                                                                                                                                                                                         |                  |                                                                                                                                                                 |                               | 62,000.-w                                                           |                  |
| Amount F – Difference (A – E):                                                                                                                                                                                                                    |                  |                                                                                                                                                                 |                               | 23,250.-w                                                           |                  |
| Quantity received as per PO / WO                                                                                                                                                                                                                  |                  | <input type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input checked="" type="checkbox"/> Part received |                               |                                                                     |                  |
| Close PO / WO                                                                                                                                                                                                                                     |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> Other                                  |                               |                                                                     |                  |
| Payment – due date                                                                                                                                                                                                                                |                  | 10/10/23.                                                                                                                                                       |                               |                                                                     |                  |
| Remarks: find bill & close this PO.                                                                                                                                                                                                               |                  |                                                                                                                                                                 |                               |                                                                     |                  |
|                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                 |                               |                                                                     |                  |
| Approved by                                                                                                                                                                                                                                       | Purchase Officer | Purchase Manager                                                                                                                                                | M D                           | Accountant                                                          | Accounts Manager |
| Name:                                                                                                                                                                                                                                             |                  | V. RAVI                                                                                                                                                         |                               |                                                                     |                  |
| Sign:                                                                                                                                                                                                                                             |                  |                                                                              |                               |                                                                     |                  |
| Date                                                                                                                                                                                                                                              |                  | 04.10.23                                                                                                                                                        |                               |                                                                     |                  |
| Approval limit                                                                                                                                                                                                                                    | Upto 20k         | Above 20k                                                                                                                                                       | Above 100k                    | Upto 20k                                                            | Above 20k        |

Notes: 1. In case amount to be credited to supplier and the bills total does not match, accountants to prepare JV for debit or credit. 2. This set should only have 5 documents i.e., advice to credit to supplier, original bill, proof of delivery, original purchase order with barcode, original requisition. 3. Do not attach additional documents like weighment slips, RMC batch reports, duplicate documents, Eway bills, test reports, etc. 4. In Amount A, exclude transport, Hamali charges, etc., and instead include in Amount B. 5. This report must reach HO within one working day of approval by purchase officer/purchase manager.

## Form for closure of purchase order

| PO no.: <b>86190</b>                                                                                                                                                                                                                 | PO date: <b>8/2/23</b>                                                                      | Req. no.: <b>192921</b>                                                         | Advice Scan ID:                                                                |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|
| Barcoded PO available <input checked="" type="checkbox"/> Y <input type="checkbox"/> N                                                                                                                                               | Invoice original available <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Copy available <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | POD available <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                       |
| Data required from site engineers:                                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| MRN nos. related to PO:                                                                                                                                                                                                              |                                                                                             |                                                                                 |                                                                                |                       |
| <input checked="" type="checkbox"/> Part material received.                                                                                                                                                                          | <input type="checkbox"/> Full material received.                                            | <input type="checkbox"/> Material not received.                                 |                                                                                |                       |
| <input checked="" type="checkbox"/> Close PO. Balance material will be re-ordered by new requisition.                                                                                                                                |                                                                                             |                                                                                 |                                                                                |                       |
| <input type="checkbox"/> Cancel PO. Material not required.                                                                                                                                                                           | <input type="checkbox"/> Cancel PO. Material will be re-ordered by new requisition.         |                                                                                 |                                                                                |                       |
| <input type="checkbox"/> Keep PO open. Material required.                                                                                                                                                                            | <input type="checkbox"/> Keep PO open. Work under progress.                                 |                                                                                 |                                                                                |                       |
| Remarks by engineer: <b>Part material received. (No 95- Brick repair not found in site)</b>                                                                                                                                          |                                                                                             |                                                                                 |                                                                                |                       |
| Notes: 1. Provide details of material received by way of separate attachment. 2. Provide scanned copy of DC's proof of delivery + PO. 3. Provide copies of invoices if available. 4. This entire set to be scanned and sent to Ravi. |                                                                                             |                                                                                 |                                                                                |                       |
| Prepared by: <b>Sk. Goothe</b>                                                                                                                                                                                                       | Sign: <b>Goothe</b>                                                                         | Date: <b>11/09/23</b>                                                           |                                                                                |                       |
| Data required from accounts:                                                                                                                                                                                                         |                                                                                             |                                                                                 |                                                                                |                       |
| <input type="checkbox"/> Checked with E&D for receipt of bills.                                                                                                                                                                      |                                                                                             |                                                                                 |                                                                                |                       |
| <input checked="" type="checkbox"/> Bills not received against this PO.                                                                                                                                                              | <input type="checkbox"/> Part bill received against this PO.                                | <input type="checkbox"/> All bills received against this PO.                    |                                                                                |                       |
| <input type="checkbox"/> Advance paid against this PO                                                                                                                                                                                | Amount paid:                                                                                | Date of payment:                                                                |                                                                                |                       |
| Details of part bill received:                                                                                                                                                                                                       |                                                                                             |                                                                                 |                                                                                |                       |
| Sl. No.                                                                                                                                                                                                                              | Bill no.                                                                                    | Bill date                                                                       | Bill amount                                                                    | Cr. given to supplier |
| 1.                                                                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| 2.                                                                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| 3.                                                                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| 4.                                                                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| Remarks by Accountants: <b>Bills not received</b>                                                                                                                                                                                    |                                                                                             |                                                                                 |                                                                                |                       |
| Prepared by: <b>Rajulau</b>                                                                                                                                                                                                          | Sign: <b>Rajulau</b>                                                                        | Date: <b>30/9/23</b>                                                            |                                                                                |                       |
| Notes: 1. POs/WOs issued for turnkey works - may have been processed by E&D. Check before filling the above.                                                                                                                         |                                                                                             |                                                                                 |                                                                                |                       |
| Prepared by:                                                                                                                                                                                                                         | Sign:                                                                                       | Date:                                                                           |                                                                                |                       |
| Remarks by Ravi + details of bills to be approved:                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| Sl. No.                                                                                                                                                                                                                              | Bill no.                                                                                    | Bill date                                                                       | Bill amount                                                                    | MRN no.               |
| 1.                                                                                                                                                                                                                                   | <b>001</b>                                                                                  | <b>02.05.22</b>                                                                 | <b>38,750.00</b>                                                               |                       |
| 2.                                                                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| 3.                                                                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| 4.                                                                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| 5.                                                                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| Remarks: <b>Need MD's approval to get certified true copy from vendor.</b>                                                                                                                                                           |                                                                                             |                                                                                 |                                                                                |                       |
| Prepared by: Ravi                                                                                                                                                                                                                    | Sign: <b>Ravi</b>                                                                           | Date: <b>30.09.23.</b>                                                          |                                                                                |                       |
| Advice by MD - action to be taken:                                                                                                                                                                                                   |                                                                                             |                                                                                 |                                                                                |                       |
| <input checked="" type="checkbox"/> Get certified bill from supplier (not original).                                                                                                                                                 | <input type="checkbox"/> Prepare bill in SLLP for material supplied.                        |                                                                                 |                                                                                |                       |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                  | Thereafter, prepare advice for credit to supplier and send to Soham for processing.         |                                                                                 |                                                                                |                       |
| <input checked="" type="checkbox"/> Close PO                                                                                                                                                                                         | <input type="checkbox"/>                                                                    | Keep PO open. Material awaited                                                  |                                                                                |                       |
| <input type="checkbox"/>                                                                                                                                                                                                             | Accounts to be reconciled with supplier. Get supplier's ledger.                             |                                                                                 |                                                                                |                       |
| Remarks:                                                                                                                                                                                                                             |                                                                                             |                                                                                 |                                                                                |                       |
| Approved by: Soham                                                                                                                                                                                                                   | Sign:                                                                                       | Date:                                                                           |                                                                                |                       |



## Purchase Order

Page(s) 1 Of 1

29-09-2023 10:46:37

Original / Office Copy / Purchase Div.Copy

From Company : **Modi Reality Mallapur LLP**  
5-4-187/3&3, II nd floor, Soham Mansion, MG Road, Secunderabad.  
G S T No. : 36AAEFM1459R1ZP

**Supplier Details**

Sri Sai Vishal Enterprises  
12-13-167, Street no 17, Tarnaka, Medchal, Malkajgiri,  
Tellangana-500017.

**GSTIN** 36ACZPL1512H1ZF

9391029193

9391029193

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 86190      | 192924 |
| <b>Doc Date</b>   | 08-03-2022 |        |
| <b>Quote No</b>   | Nil        |        |
| <b>Quote Date</b> | 08-03-2022 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Akula Lakshmi**

Purchase Order for the Supply of following Items.

| Item Name                                                                  | Qty      | Rate  | Dis% | GST  | Amount           |
|----------------------------------------------------------------------------|----------|-------|------|------|------------------|
| 1 1005 - Building material - Cement Solid Blocks - 6 In x8 In x16 In - nos | 2,000.00 | 31.00 | 0.00 | 0.00 | 62,000.00        |
| <b>Total Order Value . . .</b>                                             |          |       |      |      | <b>62,000.00</b> |
| Rupees : Sixty Two Thousand Only.                                          |          |       |      |      |                  |

**Terms and Conditions :-**

|                          |                                                                                                                                                                                                                                                   |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Specification /</b>   | Items shall be of 25kgs approx.Strength minimum 30kgs/cm2, QC report a must!                                                                                                                                                                      |
| <b>Payment Terms</b>     | Within 30 days of delivery of all materials & production of bill.                                                                                                                                                                                 |
| <b>Tax</b>               | All taxes included in above price.                                                                                                                                                                                                                |
| <b>Delivery Date</b>     | As per request of Project Manager                                                                                                                                                                                                                 |
| <b>Delivery Location</b> | Gulmohar Residency<br>Survey No 19, Mallapur, Hyderabad. NExt to NFC Railway Over Bridge<br>Phone. Contact: Security _____, 8309938133                                                                                                            |
| <b>Penalty For Delay</b> | Bills must be submitted to H.O. within 30days of supply of material. 10% pty on value of order will be deducted for delay in submission of bills.                                                                                                 |
| <b>Transportation</b>    | Included in the above price.                                                                                                                                                                                                                      |
| <b>Warranty</b>          | Nil                                                                                                                                                                                                                                               |
| <b>Advance Paid</b>      | Nil                                                                                                                                                                                                                                               |
| <b>Other Terms</b>       | We reserve the right items not confirming to qty & specs. Breakage in your account. Above order for A-Block back side drive way below work purpose.                                                                                               |
| <b>Completion Date</b>   | Nil                                                                                                                                                                                                                                               |
| <b>Measurment</b>        | Nil                                                                                                                                                                                                                                               |
| <b>Security</b>          | Nil                                                                                                                                                                                                                                               |
| <b>Remarks</b>           | Original invoice + copy of proof of delivery is required to process invoice for payment . Do not send original invoice to site. Original invoices must be sent to HO office or purchase site office. Proof of deli vary /DC can be sent by email. |

For **Modi Reality Mallapur LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Sri Sai Vishal Enterprises**

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_/\_\_/\_\_

# GENERAL MATERIAL INWARD REGISTER

| Sl. No. | Date  | Time  | Supplier | Item Code | Item Desc        | Item Size | Quantity | Unit | D.C. No. | Part No. | Remarks |
|---------|-------|-------|----------|-----------|------------------|-----------|----------|------|----------|----------|---------|
| 8051    | 16/10 | 10:00 | SSCP     | ①         | 700 Brown Cement | 9'x6'     | 05       | nos  | 4436     | 86190    | 1000    |
|         |       |       | ②        |           | 700              | 5'x3'     | 05       |      |          |          | 1000    |
| 8052    | 16/10 | 10:00 | SSCP     | ①         | 700 Brown Cement | 10'x8'2"  | 16       | nos  | 4436     | 86190    | 1000    |
|         |       |       | ②        |           | 700              | 10'x8'2"  | 16       |      |          |          | 1000    |
|         |       |       | ③        |           | 700              | 10'x8'2"  | 08       |      |          |          | 1000    |
|         |       |       | ④        |           | 700              | 9'x9'     | 32       |      |          |          | 1000    |
|         |       |       | ⑤        |           | 700 Brown Cement | 15'x5'    | 16       |      |          |          | 1000    |
|         |       |       | ⑥        |           | 700              | 1'x2'3/4" | 16       |      |          |          | 1000    |
|         |       |       | ⑦        |           | 700              | 1'x5'6"   | 08       |      |          |          | 1000    |
| 8053    | 17/10 | 10:00 | SSCP     | ①         | 700 Brown Cement | 10'x8'2"  | 550      | nos  | 006      | 86190    | 1000    |
| 8054    | 16/10 | 10:00 | SSCP     | ①         | 700 Brown Cement |           | 05       | nos  | 19619    | 86190    | 1000    |
|         |       |       | ②        |           | 700 Brown Cement |           | 05       |      |          |          | 1000    |
|         |       |       | ③        |           | 700 Brown Cement |           | 05       |      |          |          | 1000    |
| 8055    | 16/10 | 10:00 | SSCP     | ①         | 700 Brown Cement | 10'x8'2"  | 50       | nos  | 19603    | 86190    | 1000    |
|         |       |       | ②        |           | 700 Brown Cement |           | 20       |      |          |          | 1000    |
|         |       |       | ③        |           | 700 Brown Cement |           | 10       |      |          |          | 1000    |
|         |       |       | ④        |           | 700 Brown Cement |           | 05       |      |          |          | 1000    |

| Inward No. | Date     | Time  | Supplier | Item Company | Item Desc. | Item Size | Quantity | Units | D.C.No | P.O. No | Vehicle No | Exempted by | Exempted by |
|------------|----------|-------|----------|--------------|------------|-----------|----------|-------|--------|---------|------------|-------------|-------------|
| 8201       | 24/11/11 | 14:10 | Veronaga | Supermarket  | 2 Petrol   | Change    |          | 608   | 1985   | 8223    | 7518       |             |             |
| 8202       | "        | 14:10 | "        | "            | 2 Petrol   | Change    |          | 608   | 1985   | 8223    | 7518       |             |             |
| 8203       | "        | 14:10 | Veronaga | Supermarket  | 2 Petrol   | Change    |          | 608   | 1985   | 8223    | 7518       |             |             |
| 8204       | "        | "     | "        | "            | 2 Petrol   | Change    |          | 608   | 1985   | 8223    | 7518       |             |             |
| 8205       | "        | "     | "        | "            | 2 Petrol   | Change    |          | 608   | 1985   | 8223    | 7518       |             |             |
| 8206       | "        | "     | "        | "            | 2 Petrol   | Change    |          | 608   | 1985   | 8223    | 7518       |             |             |

# GENERAL MATERIAL INWARD REGISTER

186

| Inward No | Date     | Time  | Supplier | Item Company | Item Desc.    | Item Size | Quantity | Units | D.C.No | P.O. No | Vehicle No | Delivered by | Received by | Engineer's Signature |
|-----------|----------|-------|----------|--------------|---------------|-----------|----------|-------|--------|---------|------------|--------------|-------------|----------------------|
| 8212      | 23/04/11 | 10:00 | 720 Park | Diya         | ① Screws 35x6 | 01        | 100      | 100   | -      | -       | By Ato     | Marina       | g           |                      |
|           |          |       |          |              | ② - 24 - 35x6 | 01        |          |       |        |         |            |              |             |                      |
|           |          |       |          |              | ③ - 24 - 50x6 | 01        |          |       |        |         |            |              |             |                      |
|           |          |       |          |              | ④ - 24 - 75x6 | 03        |          |       |        |         |            |              |             |                      |
|           |          |       |          |              | ⑤ - 24 - 38x8 | 01        |          |       |        |         |            |              |             |                      |
| 8213      | -        | 10:50 | Endsley  | ①            | Peter         | -         | 119      | 100   | -      | -       | By Ato     | Marina       | g           |                      |
| 8214      | -        | 11:10 | Zedra    | ①            | Peter         | -         | 119      | -     | -      | -       | -          | -            | g           |                      |
| 8215      | -        | 11:20 | Amber    | ①            | Asper         | At        | 01       | 100   | 1031   | -       | -          | -            | Marina      |                      |
|           |          |       |          | ②            | 1024          |           | 01       | -     |        |         |            |              |             |                      |
| 8216      | -        | 15:40 | Granada  | ①            | CEA 9000      |           | 02       | 100   | 58     | -       | -          | -            | g           |                      |
|           |          |       | Granada  |              | Granada       |           |          |       |        |         |            |              |             |                      |
| 8217      | -        | 19:50 | Granada  | ①            | CEA 9000      |           | 350      | 100   | 047    | 86190   | 75-08      | CEA 9000     | g           |                      |
| 8218      | 23/4/12  | 12:10 | Granada  | ①            | CEA 9000      |           | 5000     | 100   | 2881   | -       | By Ato     | Marina       | g           |                      |

## TAX INVOICE

© : 8367679193

**SRI SAI VISHAL ENTERPRISES**  
**FLY ASH BRICKS**Factory : Godumakunta Vill., Keesara Mdl, Medchal Dist.  
Office : Street No. 17, Tarnaka, Secunderabad.

GSTIN : 36ACZPL1512H1ZF

(COMPOSITION TAXABLE PERSON NOT ELIGIBLE TO COLLECT TAX ON SUPPLIES)

M/s Modi Realty Malleswara City  
NFCInv. No. 001 Date : 02.05.22D.C. No. 006, 026, 027 Date : P. O. 86190 Date : Payment Party GSTIN 36AAEFM1459R1ZPState : **TELANGANA**

Code : 36

| S.No. | PARTICULARS         | HSN<br>CODE | QTY. | RATE | UNIT | AMOUNT<br>Rs. Ps. |
|-------|---------------------|-------------|------|------|------|-------------------|
| 1.    | 20 mm Metal         |             |      |      |      |                   |
| 2.    | Baby Chips          |             |      |      |      |                   |
| 3.    | Stone Dust          |             |      |      |      |                   |
| 4.    | Sand                |             |      |      |      |                   |
| 5.    | Red Mutti           |             |      |      |      |                   |
| 6.    | Granite             |             |      |      |      |                   |
| 7.    | 40mm Hand Metal     |             |      |      |      |                   |
| 8.    | Crusher Sand        |             |      |      |      |                   |
| 9.    | 12mm Metal          |             |      |      |      |                   |
| 10.   | Cement Solid Bricks |             |      |      |      |                   |
|       | 4X8X16              |             |      |      |      |                   |
|       | 6X8X16 →            |             | 1250 | 31   | Nbr  | 38,750.00         |
|       | 6X8X12              |             |      |      |      |                   |

Rupees in words Thirty eight Thousand  
Seven Hundred fifty only

TOTAL 38,750.00

SGST @ %

CGST @ %

GRAND TOTAL 38,750.00

Name : SRI SAI VISHAL ENTERPRISES

Bank Name : HDFC BANK

Account No. : 50200042541343

IFSC Code : HDFC0000368

Branch : Nacharam

E. &amp; O.E.

**"TRUE COPY"**

For SRI SAI VISHAL ENTERPRISES

SRI SAI VISHAL ENTERPRISES  
Street No: 17, Tarnaka, Secunderabad.

Date: 02-05  
Bill No: 001

MODI Reality Mallapur LLP NFC  
SRI SAI VISHAL ENTERPRISES

| DATE     | V.NO | DC.NO | 6 X 8 X 16          | PO.NO | PO.DATI |
|----------|------|-------|---------------------|-------|---------|
| 05.04.22 | 2216 | 006   | 550 m <sup>2</sup>  | 86190 |         |
| 21.04.22 | 0811 | 026   | 350 m <sup>2</sup>  | 86190 |         |
| 22.04.22 | 0811 | 027   | 350 m <sup>2</sup>  | 86190 |         |
|          |      |       |                     |       |         |
|          |      |       |                     |       |         |
|          |      | TOTAL | 1250 m <sup>2</sup> |       |         |
|          |      |       |                     |       |         |
|          |      |       |                     |       |         |
|          |      |       |                     |       |         |
|          |      |       |                     |       |         |