

SENT BY
 Company Name
 Address

 City
 Country
 Tel./Fax No.
 VAT Registration No.

COMMERCIAL INVOICE

Invoice Number

AWB Number

SENT TO
 Company Name
 Name/Department
 Address

 City
 Postal Code
 Country

 Tel./Fax No.
 VAT Registration No.

Terms of delivery : CIF Other (Please state)

Number of pieces :

Total Gross Weight :

Total Net Weight :

CARRIER : 

Description	Customs Commodity Code	Country of Origin	Qty	Unit Value	Sub Total Value and Currency
Total Value and Currency					

REASON FOR EXPORT

I, the undersigned, hereby certify that the information on this invoice is true and correct and that the contents of this shipment are as stated above.

Signature

Date

Name

Company Stamp