SENT BY					
Company / Name Address					
Address					
City					
Country			PROFORMA INVOICE		
Tel./Fax No.					
			Invoice Number		
VAT Registration No.					
			AWB Number		
SENT TO					
Company / Name			Terms of delivery : CIF □ Other □ (Please state)		
Address			Number of pieces :		
			Total Gross Weight :		
City					
Postal Code			Total Net Weight :		
Country					
Tel./Fax No. VAT Registration No.			CARRIER :		
Description	Customs	Country of	Qty	Unit Value	Sub Total Value and
·	Commodity	Origin			Currency
	Code				
			Total Value	and	
	Total Value and Currency				
	-				
REASON FOR EXPORT					
I, the undersigned, hereby certify that the inform	ation on this invoic	e is true and co	rrect and that the	e contents of this shipme	ent are as stated above
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Signature		Date	ž		
		Date	•		
Name					