

SENT BY
Company / Name

Address

City

Country

Tel./Fax No.

VAT Registration No.

PROFORMA INVOICE

Invoice Number

AWB Number

SENT TO

Company / Name

Address

City

Postal Code

Country

Tel./Fax No.

VAT Registration No.

Terms of delivery : EXW 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