

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