PRO-FORMA INVOICE

Consignee Name:
Company Name:
Address:

Country:
Zipcode:

Telephone No:

Invoice No:
Date:

HAWB:
Pieces:
Weight (Kgs):

Shipped Via:

NO. OF PIECES	FULL DESCRIPTION OF GOODS	UNIT VALUE	TOTAL VALUE
		TOTAL:	
Country of Origin:		**CURRENCY:**	

NOT FOR SALE OR RE-SALE, SUPPLIED FREE OF CHARGE

Senders VAT No:
Reason for Export:
Terms of Delivery:

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed for an on behalf of the shipper.

Name (in print):

Signature: