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| Shipper: Phone: VAT/GST No: | <h1>Commercial Invoice</h1> |
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| Receiver: Phone: VAT/GST No: | Date: Invoice Number: Shipment Reference: |
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| Bill to Third Party: | Comments: Airway Bill Number: |
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| No. | Full Description of Goods | Qty. | UOM | Commodity Code | Unit Value | Subtotal Value | Unit Net Weight | Subtotal Weight | Country of Origin |
|-----|---------------------------|------|-----|----------------|------------|----------------|-----------------|-----------------|-------------------|
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| Total Declared Value: | Total Net Weight: |
| Total Pieces: | Total Gross Weight: |

Payer of GST/VAT:
 Type of Export:
 Terms of Payment:

Currency Code:
 Incoterm:

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

Signature:

Position in Company:

Shipping Consultant:

Company Stamp: