

## INVOICE

DATE: \_\_\_\_\_

SHIPPER	3 51	HIP TO					
Company Name:			2:				
Address:							
Town / Area Code:		Town / Area Code:					
State / Country:	St						
Contact Name:	Co						
Phone / Fax No.:	Pł						
2 Airwaybill No.:	<b>4</b> Bi	LL TO					
No. of Pieces:		Company Name:					
Total Weight:	Ac	Address:					
Dimensions: To			Town / Area Code:				
	State / Country:						
	Сс	Contact Name:					
	Ph	none / Fax No.	:				
5 Full Description of Goods	6 Harmonised Code	7 No. of Pieces	8 Currency	9 Unit Value	10 Total	Value	
			Т	otal Invoice Value			
1 INCO Terms / Terms of Trade, if any							
FOB DDU DDP CIP Others, please spe	cify		Destina	ation:			
2 Reasons for Export							
J declare that information is true and correct too the best of my kno	wledne						
and that the goods are of							
4 I (name) NRIC No			certify that	the particulars and	l quantity of c	shoor	
specified in this document are the goods which are submitted for cl						,	