COMMERCIAL INVOICE

Manufacturer: [Manufacturer Name]
[Facility Registration No.]
[Street Address, City, Country]
[Contact Email / Phone]

Invoice No: _____
Date: _____
Export License: _____

Consignee (Importer)

[Company Name]
[Tax ID / VAT No.]
[Full Address]
[Destination Country]

Ship-To Address

[Hospital/Distributor Name]
[Full Delivery Address]
[Contact Person & Phone]

Country of Origin: _____
Port of Loading: _____
Incoterms 2020: _____
Port of Discharge: _____
Mode of Transport: _____
Currency: _____

HS Code	Description of Goods (Generic/Brand)	Batch/Lot No.	Expiry Date	Qty	Unit Price	Total Value

Subtotal: _____
Freight & Insurance: _____
Total CIP/CIF Value: _____

Storage Requirements: _____

Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. These pharmaceutical products are manufactured in compliance with WHO-GMP standards.

Authorized Signature

Company Seal