

PROFORMA INVOICE

Invoice No: _____

Date: _____

Exporter / Shipper

Name: _____

Address: _____

City/Country: _____

Tax ID / VAT: _____

Consignee / Importer

Name: _____

Address: _____

City/Country: _____

Tax ID / VAT: _____

Shipping Information

Mode of Transport: _____

Port of Loading: _____

Port of Discharge: _____

Commercial Terms

Incoterms: _____

Currency: _____

Reason for Export: _____

Description of Goods (inc. HS Code)	Quantity	Unit Type	Unit Price	Total Value

Subtotal: _____

Shipping/Freight: _____

Insurance: _____

Grand Total: _____

Total Weight (Net/Gross): _____ / _____

Total Packages: _____

I declare that the information mentioned above is true and correct to the best of my knowledge.

Authorized Signature & Stamp