

PROFORMA INVOICE

INVOICE NO:
DATE:

EXPORTER / MANUFACTURER
TAX ID / VAT NO:
CONSIGNEE / IMPORTER
DESTINATION COUNTRY:

TRANSPORT DETAILS (AIR/SEA)
PORT OF LOADING
PAYMENT TERMS / INCOTERMS 2020
PORT OF DISCHARGE

Description of Medical Device (Model/Ref)	HS Code	Qty	UOM	Unit Price	Total Amount

Subtotal:
Freight/Insurance:
Total Payable (Currency):

REGULATORY DECLARATION:

The medical devices listed above comply with the essential requirements of applicable health and safety regulations. We certify that the information on this invoice is true and correct and that the contents of this shipment are as stated.

BATCH/LOT NUMBERS:
EXPIRY DATES:

AUTHORIZED SIGNATURE & COMPANY STAMP