PROFORMA INVOICE

Exporter/Beneficiary:
[Company Name]
[Address Line 1]
[Address Line 2]
[Country]
[Tax ID / Registration No.]

Invoice No: _____
Date: _____
Expiry Date: _____

Consignee / Importer:

[Company Name]
[Address Line 1]
[Address Line 2]
[Country]
[Contact Person & Phone]

Shipping & Payment Terms:

Mode of Transport: Sea Freight (Reefer)
Port of Loading: _____
Port of Discharge: _____
Incoterms 2020: _____
Payment Terms: _____

Item Description (Frozen Beef Cuts)	HS Code	Quantity (MT/KG)	Unit Price ([Currency])	Total Amount
[e.g., Frozen Beef Forequarter, Bone-in] Production Date: [Date] Expiry Date: [Date]	0202.xx			
[e.g., Frozen Beef Striploin, Boneless] Production Date: [Date] Expiry Date: [Date]	0202.xx			
			Subtotal:	

Item Description (Frozen Beef Cuts)	HS Code	Quantity (MT/KG)	Unit Price ([Currency])	Total Amount
			Freight/Insurance:	
			TOTAL VALUE ([CURRENCY]):	

Product Specifications:

- Storage Temp: -18C or below
- Certification: [Halal/Health Certificate/SGS]
- Packaging: [e.g., Vacuum packed, 20kg Cartons]
- Shelf Life: [e.g., 24 Months]

Banking Details:

Bank Name: _____
SWIFT/BIC: _____
IBAN/Account No: _____
Beneficiary: _____

Authorized Signature (Exporter)

Accepted By (Buyer)