PROFORMA INVOICE

No: _____
Date: _____

From:
[Company Name]
[Address Line 1]
[City, State, Zip]
[Tax ID/VAT Number]
To:
[Client Name]
[Account Number]
[Address Line 1]
[City, State, Zip]

Service Description	AUM Value	Fee Rate (%)	Amount
Management Fee - Q[ ] [Year]			
Performance Allocation / Incentive Fee			
Administrative & Custodial Charges			

Subtotal: $ _____
Tax/VAT: $ _____

Total Payable: $ _____

Payment Instructions:
Bank Name: _____ | SWIFT/BIC: _____
Account Name: _____ | IBAN: _____

Note: This is a proforma invoice for notification purposes only.