COMMERCIAL INVOICE

Exporter/Manufacturer:
[Company Name]
[Address Line 1]
[City, Country, Zip]
License No: [GMP/FDA License Number]

Invoice #: [000000]
Date: [DD/MM/YYYY]
Export Ref: [Ref Number]

Consignee / Importer:
[Recipient Name]
[Recipient Address]
[Recipient Country]
Tax ID: [VAT/TIN]
Shipping Details:
Mode: [Air/Sea/Road]
Port of Loading: [Port Name]
Port of Discharge: [Port Name]
Incoterms: [e.g., CIF/FOB]

PRODUCT DESCRIPTION (GENERIC & BRAND)	HS CODE	BATCH NO.	EXPIRY	QTY	UNIT PRICE	TOTAL ([CURRENCY])
[Product Name / Strength / Dosage]	[3004.xx]	[Batch #]	[MM/YY]	[000]	[0.00]	[0.00]

Subtotal: 0.00
Freight/Ins: 0.00

Total Amount: [Currency] 0.00

Declaration & Certification:
- We certify that the goods described are of [Country of Origin] origin.
- Products manufactured under WHO-GMP compliance standards.
- Storage conditions: [e.g., Store below 25C / Protect from light].
- No narcotic or psychotropic substances included unless specifically stated.

Bank Details:
Bank: [Bank Name]
SWIFT/BIC: [Code]
IBAN: [Number]

Authorized Signatory & Stamp