PRO-FORMA INVOICE

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	Date of Export:						Export Reference:					
1	Consignee/Co	2	AWB #:									
	Address :						Number of Pieces:					
	Dept./Floor:						Gross Weight					
	City:	City:					Net Weight:					
	Zip/Postcode:	ip/Postcode:					Origin of Goods:					
	Country of Des	Country of Destination:					Country of Export:					
	Contact Name:					Ī	Consinee's Tax I.D Number. (if known) e.g.,GST/RFC/VAT/IN/EIN, or as locally required					
	Telephone:											
	No of Items	lo of Items Type of Full Description of Packaging				ls		Quantity	Weight	Customs Value Declared		
3												
	Total Items								Total Weight	Total Declared Value		
	Shinner's 1	Shipper's Tax I.D / V.A.T Number						Export Documents Attached. e. Customs Forms, Carnet's , Export Licence)				
	Simpper 3											
4	I declare that	declare that the information is complete and correct to the best of my knowlwdge. Signed for and on behalf of shipper.										
	Name:	Name: Date:										
	Postion : Signature:											