

## PROFORMA INVOICE

EXPORTER / SHIPPER (Name, Address, Country)  Contact / Phone:  Tax ID / VAT No:	PROFORMA INVOICE NO.	DATE
	BUYER REFERENCE / P.O. NO.	EXPIRY DATE
	CONSIGNEE (If different from Buyer)	
BUYER / IMPORTER (If other than Consignee)	NOTIFY PARTY	

MODE OF TRANSPORT	PORT OF LOADING	PORT OF DISCHARGE	FINAL DESTINATION
COUNTRY OF ORIGIN OF GOODS	COUNTRY OF DESTINATION	TERMS OF DELIVERY (Incoterms 2020)	TERMS OF PAYMENT

ITEM	MARKS & NOS.	DESCRIPTION OF GOODS / HS CODE	QTY / UNIT	UNIT PRICE (CURRENCY)	TOTAL VALUE (CURRENCY)
TOTAL NO. OF PACKAGES & TYPE:				<b>SUBTOTAL</b>	
GROSS WEIGHT / VOLUME:				<b>FREIGHT</b>	
				<b>INSURANCE</b>	
				<b>TOTAL VALUE</b>	

BANK DETAILS (Beneficiary Name, Bank, SWIFT/BIC, IBAN)	DECLARATION / CERTIFICATION We hereby certify that this invoice is true and correct, and that the value, quantity, and origin of the goods are as stated.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Authorized Signature &amp; Stamp</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">Date</div> </div>
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