

PROFORMA INVOICE

PREPAYMENT REQUIRED PRIOR TO SHIPMENT

Proforma Invoice No: _____

Date: _____

Expiry Date: _____

EXPORTER / SHIPPER

CONSIGNEE / IMPORTER

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Country of Origin	Country of Destination	Incoterms 2020	Mode of Transport
Port of Loading	Port of Discharge	Estimated Shipping Date	Currency

Item No.	HS Code	Description of Goods	Qty	Unit	Unit Price	Total

Subtotal	
Freight / Shipping	
Insurance	
Total Due (100% Prepayment)	

BANK DETAILS FOR PREPAYMENT (WIRE TRANSFER / SWIFT)

Beneficiary Name: _____

Account Number: _____

IBAN: _____

Payment Reference: _____

Bank Name: _____

Bank Address: _____

SWIFT / BIC: _____

Declaration:

We hereby certify that this Proforma Invoice is true and correct, and that the value, quantity, and origin of the goods are as stated above. Goods will be dispatched immediately upon receipt of 100% advance payment.

Authorized Signature / Stamp