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|------------|--------------------------|----------|--------------------------|
| Commercial | <input type="checkbox"/> | Proforma | <input type="checkbox"/> |
|------------|--------------------------|----------|--------------------------|

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|-----------------------------------|--|---------------------------|--|
| 1) Invoice Number and Date | | 2) Consignment No. | |
|-----------------------------------|--|---------------------------|--|

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|--------------------------------|--|---|--|
| 3) Shipper's Name | | 9) Receiver's Name | |
| 4) Shipper's Address | | 10) Receiver's Address | |
| | | | |
| | | | |
| | | | |
| | | | |
| 5) Contact Name | | 11) Contact Name | |
| 6) Contact Number | | 12) Contact Number | |
| 7) Shipper's EORI No | | 13) Receiver's VAT /PID / EORI No. | |
| 8) FDA Registration No. | | | |

| | | | |
|--------------------------|--|-------------------------|--|
| 14) No. of Pieces | | 15) Total Weight | |
|--------------------------|--|-------------------------|--|

| 16) Commodity Code | 17) Full Description of Goods | 18) No. of items | 19) Unit Value | 20) Total Value | 21) Country of Manufacture |
|---------------------------|--------------------------------------|-------------------------|-----------------------|------------------------|-----------------------------------|
| | | | | | |

| | | |
|--|------------------------------|--|
| | 20a) Shipping charges | |
| | 22) Total Value GBP | |

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|------------------------------|--|
| 23) Reason for Export | |
|------------------------------|--|

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|------------------------------|-----|
| 24) Terms of Delivery | DAP |
|------------------------------|-----|

25) I declare that the above information is true and correct and to the best of my knowledge. The exporter of the products covered by this document, declares that, except where otherwise clearly indicated, these products are of _____ preferential origin

I declare that the products covered by this document are not subject to any export or import prohibitions & restrictions

26) For and on behalf of the above named company:-

Signature: _____ Print Name: _____

Date: _____ Position in Company: _____