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# COMMERCIAL INVOICE

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INVOICE NO.:

INVOICE DATE:

**SHIPPER:**

COMPANY NAME:  
CONTACT PERSON:  
CONTACT NUMBER:  
ADDRESS:  
POSTAL CODE:

**CONSIGNEE**

COMPANY NAME:  
CONTACT PERSON:  
CONTACT NUMBER:  
ADDRESS:  
POSTAL CODE:

| ITEM NO. | DESCRIPTION OF GOODS<br>(BE SPECIFIC) | CUSTOMS TARIFF CODE<br>(HS CODE) | Quantity | UNIT VALUE (USD) | TOTAL VALUE<br>(USD) |
|----------|---------------------------------------|----------------------------------|----------|------------------|----------------------|
|          |                                       |                                  |          |                  |                      |
|          |                                       |                                  |          |                  |                      |
|          |                                       |                                  |          |                  |                      |
|          |                                       |                                  |          |                  |                      |
|          |                                       |                                  |          |                  |                      |

**REASON FOR EXPORT:**

I / WE DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ALL CUSTOMS CHARGES, CHARGES/ TAX OR OTHER EXTRA CHARGES WILL BE PAID AT DESTINATION BY RECEIVER.

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SIGNATURE & STAMP