

SENT BY
Company name
Name/Department
Address
City/Postal Code
Country
Tel./Fax/Telex
No.
VAT Registration
No.

Commercial invoice
Invoice Number

AWB
Terms of Delivery
Terms of Payment
Number of pieces
Total Gross Weight
Total Net Weight
Movement
certificate type/no

SENT TO
Company name
Name/Department
Office
Floor
Address
City/Postal Code
Country
Tel./Fax/Telex
No.
VAT Registration
No.

Carrier:

Full Description of Goods	Customs Commodity Code	Country of Origin	Quantity	Net Weight	Unit value (Kg.)	Currency	Sub Total Value
TOTAL VALUE							

REASON FOR EXPORT:

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

Place and Date:

Name:

Signature: