

# PRO-FORMA INVOICE

DATE: \_\_\_\_\_ HAWB: \_\_\_\_\_

## SHIPPER INFORMATION

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Ref#: \_\_\_\_\_

## CONSIGNEE INFORMATION

Name of Company: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

DESCRIPTION OF GOODS	COUNTRY OF ORIGIN	NO. OF ITEMS	ITEM VALUE	CURRENCY	TOTAL VALUE

**TOTAL FOB VALUE FOR CUSTOMS PURPOSES ONLY ZAR:**

## REASON OF EXPORT

Please check box where applicable:  Printed Matter Only  Not for Resale/Internal Office Use Only

I/We hereby certify that the information on this invoice is true and correct.

\_\_\_\_\_  
SHIPPER'S SIGNATURE

\_\_\_\_\_  
NAME (IN BLOCK LETTERS)

\_\_\_\_\_  
POSITION