

PRO-FORMA INVOICE

DATE

AIRWAY BILL NUMBER:

ORIGIN

DETAILS OF CONSIGNOR	
TEL FAX	

DETAILS OF CONSIGNEE	
MOB TEL	

DESCRIPTION	UNIT	QTY	VALUE QAR
Total Value			
Total Weight (Kg)			

NOTE : PLEASE TICK RELEVANT BOX

<input type="checkbox"/>	NO COMMERCIAL VALUE - NO RESALE
<input type="checkbox"/>	ITEM BEING SENT FOR REPAIRS / TO BE RETURNED
<input type="checkbox"/>	ITEM BEING SENT AS A SAMPLE, NOT FOR SALE
<input type="checkbox"/>	ITEM BEING SENT FOR SALE.
<input type="checkbox"/>	RETURNING TO ORIGIN AFTER USE

I HEREBY STATE THAT THE ABOVE INFORMATION IS TRUE AND I, THE UNDERSIGNED AM LIABLE FOR ANY CONSEQUENCES THAT MAY ARISE DUE TO NON-DISCLOSURE OF FACTS.

NAME

SIGNATURE / COMPANY STAMP