

**COMMERCIAL INVOICE SHOULD BE COMPLETED FOR DELIVERY OF COMMERCIAL GOODS
(FOR SALE)**

**PRINT COMMERCIAL INVOICE ON CONSIGNORS LETTERHEAD SHOWING LEGAL ADDRESS
ORIGINAL COMMERCIAL INVOICE SHOULD BE SUBMITTED (NOT A COPY)
ALL GREY FIELDS MUST BE COMPLETED**

COMMERCIAL INVOICE

Invoice No Insert Invoice number
Date Insert date of Invoice

| | |
|--|--|
| <p>Invoice Address (no private individuals): Put legal address and name of CNEE company in accordance with registration docs of CNEE</p> | <p>Delivery terms (Incoterms) Put delivery terms (Incoterms) as per trade contract</p> |
| <p>Ship to (no private individuals): Put delivery address of CNEE (where the Goods should be delivered to after Clearance as per airwaybill)</p> <p>Contact person: First name and family name of contact person of CNEE</p> <p>Phone: Phone number of contact person of CNEE for clearance and delivery</p> | <p>Delivered under: Put number and date of trade contract</p> <p>Payment terms Put terms of payment as per trade contract (check that cnee is able to keep indicated terms!)</p> |

| No item | Description | Country of origin | Net weight/kg | HS Code | Qty (pieces) | Unit price, USD | Total price, USD |
|-------------------|--|--|--|--------------------------|--|--|---------------------------|
| 1. | <p>PUT FULL DETAILED DESCRIPTION OF THE GOODS:</p> <p>PURPOSE OF USE;</p> <p>MATERIAL;</p> <p>TRADE MARK;</p> <p>model/part number/serial number/article/technical parameters/chemical composition</p> | <p>PUT COUNTRY OF ORIGIN</p> <p>NAME OF MANUFACTURER</p> | Indicate net weight per each line/position | Put HS code of each item | Indicate quantity per each line/position | Insert retail value. Attach proof of value: e.g. 1) pricelist or 2) proof of payment or 3) export declaration copy etc | Insert Total retail value |
| 2. | | | | | | | |
| Total, USD | | | | | | | Total goods value |

| | |
|--------------------------------|--|
| Insurance cost, USD: | Put insurance amount as per Insurance certificate if Goods are insured; |
| Freight cost, USD: | Put transportation cost amount (for Incoterms DDU, CPT, CIP, CIF); |
| Total for payment, USD: | Put total amount: total price, insurance amount (if Goods insured), transportation cost (transportation cost for DDU, CPT, CIP, CIF) |

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|-----------------------------------|--|
| Gross Weight, kg (total) : | Put total gross weight of the shipment (should match weight on airwaybill) |
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|-------------------|--|
| Signed by: | Authorized representative of CNOR must put his signature here and a stamp of CNOR's company (if available) |
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