**CITY-LINK** Consignment#

## FROM:

*SHIPPER DETAILS*

Name

Address Line-1

Address Line-2

City / Town

State Postcode

Country Malaysia

Phone#

Contact Name

## TO:

*CONSIGNEE DETAILS*

Name

Address Line-1

Address Line-2

City / Town

State Postcode

Country Singapore

Phone#

Contact Name

| No. | Description | Currency | | | |
|---|---|---|---|---|---|
| | | HS Code | Quantity | Unit Price | Amount |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Total Amount | |

☐ Merchandise ☐ Gift ☐ Sample

☐ Document ☐ Lost & Found ☐ Personal Effects

Country of Origin

I declare all the information contained in this invoice to be true and correct.

Name

Designation

Date

Print Form

ID: RO-invoice-1.1