

## AGILITY GRMS PRO-FORMA INVOICE

Name:				Name				
Service Number:				Address:				
Address:				City:				
City:				Postal Code:				
Postal Code:				Country:				
Country:				Tel/Fax:				
Tel/Fax:				153.533				
Date: TNT Number:				of Pieces: Gross Weight KGS:				
Full Descript	ion Of Goods	Origin Country	Qt	<u></u>	Unit Value in	GBP	Sub Total Value in GBP	
		,						
(Value for	Customs Purp	oses Only,	)		Total Valu	e (Gł	3P):	
-	ter of the produ		d by	y this o	locument de	eclare	s that, except	
where otherwise clearly indicated, these products are of (country) origin.							Place Unit Stamp Here	
Signature. Date:		•••••	••••	•••••				