

COMMERCIAL INVOICE

مجموعة كمال عثمان جمجوم ذ م م
Kamal Osman Jamjoom Group LLC



Invoice Date

Air Waybill Number

SHIPPER

Full Name: _____

Company: Kamal Osman Jamjoom Group LLC

Address: Sulthan Business Centre
4th Floor, Unit-422, Oud Metha Road
P.O. Box 27844, Dubai - U. A. E.
Tel : +971 4 3419900
Fax : +971 4 3355231

CONSIGNEE

Full Name: _____

Company: _____

Address: _____

ITEMS

Item #	Description	Quantity	Country of Origin	Unit Price	Total Price
Total					

Total No. of Packages _____

REASON FOR EXPORT

VERIFICATION

I / We declare that the above shows the actual value of the goods described and that all particulars are true and correct.

Shipper's Name and Signature

Date: / /