

Shipper/Exporter

Name :

Address:



Contact:

No	Jenis Barang	Qty	Unit Price	Total Price	Insurance choice 3%	
					Yes	No

FOR CUSTOM PURPOSE ONLY !

Signature of the shipper and date

I declare all the information above is true and correct to the best of my knowledge, and I agree with all the terms and conditions.

* dengan mengosongi pilihan Asuransi
berarti anda setuju tidak membeli asuransi.

ALAMAT TUJUAN INDONESIA :

Nama :

Alamat :

No. Hp :