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| --- | --- | --- | --- | --- | --- | --- |
| From : | | | Shifting Invoice No. & Date: | | | |
| LoP No. and Date: | | | 1. STP Indigenous Approval Ref. No. & Date 2. ARE-3/ CT-3 No. & Date   (If there are multiple indigenous approval references, a separate annexure has to be enclosed.) | | | |
| To: | | |
| Country of Origin of Goods: | | | Final Destination: | | | |
| Vessel/Flight No.: | | Port of Loading: | Port of Discharge: | | Final Destination: | |
| Pre- Carriage by | | Place of Receipt By Pre - Carrier | Terms of Delivery and PaymentNo commercial Transaction involved in this invoice. | | | |
| Marks & Nos/ Model/ HSN | Description of Goods | Sl .No. | Qty to be shifted | Rate Per Unit | | Amount in INR  (As per ARE-3 form) |
|  |  |  |  |  | |  |

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| Amount in Words:  This Invoice is for Customs Valuation only. These Goods are being shifted temporarily/ Permanent for (mention reason for shifting).    Declaration:  We declare that this Invoice shows the actual price of the goods described and that all particulars are true and correct.    Signature & Seal of Authorized Signatory |