

11. Invoice Details And Remitting Amount Details

	Name of the Item	HS Code [8 digit]	Restriction Type (TS/ C90/C180)	CIF Value (Currency)	Quantity (Unit)	Amount need for six months time period	Proforma Invoice number(s) Please attach
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

* Please attach a separate sheet for more items

12. Suppliers credit facility

Yes

No

If available mention number of days of the Credit Period

I do hereby certify above mentioned information and attached documents are true and correct and items mentioned above will be used by (Name of the Food Franchise Holder)

.....
Signature of the Authorized officer of the Company

Company Stamp Seal

<i>For office use only</i>	
Observations of Subject Officer
Recommendation
Approval