



**Customs declaration: 1 Please enclose in the pouch**

[illegible]

INVOICE

1枚目 / 1 枚中

インボイス作成日 (Date) :2023 / 02 / 07  
作成地 (Place) :Tokyo

Invoice: 1 Please enclose in the pouch

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>ご依頼主</b> (Sender):<br>Vibex Pharmaceutical Official Mall (Vibex Seiyaku)<br>Vibex Pharmaceutical Official Mall<br>Time 24 Building<br>2-4-32 Aomi<br>Koto-ku<br>Tokyo<br>135-0064, JAPAN<br><br>TEL +82-70-8094-1892      FAX<br><br><b>お届け先</b> (Addressee):<br>Youngmi Ki<br>Youngmi Ki<br>Room 2102, Building 104, 56, Geoma-ro,<br>Songpa-gu, Seoul (Geoyeo-dong, Songpa Signature<br>Lotte Castle)<br>05767, KOREA<br><br>TEL 010-3579-2145      FAX 010-3579-2145 | <b>郵便物番号</b> (Mail Item No.): <b>EN239396818JP</b>                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>送達手段</b> (Shipped Per) :E M S                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>支払い条件</b> (Terms of Payment):                                                                                                                                                                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>備考</b> (Remarks):<br><input type="checkbox"/> 有償 (Commercial value)<br><input checked="" type="checkbox"/> 無償 (No Commercial value)<br><input type="checkbox"/> 贈物 (Gift) <input type="checkbox"/> 商品見本 (Sample) <input type="checkbox"/> その他 (Other)<br>Invoice No. |  |

| 内容品の記載<br>(Description) | 原産国<br>(Country of origin) | 正味重量<br>(Net Weight)<br>g | 数量<br>(Quantity) | 単価<br>(Unit Price) | 合計額<br>(Total Amount) |
|-------------------------|----------------------------|---------------------------|------------------|--------------------|-----------------------|
| Height Meter            |                            |                           | 1                | USD 12.00          | USD 12.00             |
| Health food             |                            |                           | 3                | USD 4.25           | USD 12.75             |
| Health food             |                            |                           | 3                | USD 4.25           | USD 12.75             |
| Health food             |                            |                           | 3                | USD 4.25           | USD 12.75             |
| 総合計 (Total)             |                            |                           | 10               |                    | USD 50.25             |

F.O.B.JAPAN

郵便物の個数 (Number of pieces) :  
総重量 (Gross weight) g :

署名 (Signature)



# ご依頼主控え (Sender's Copy①)



\* E N 2 3 9 3 9 6 8 1 8 J P \*

**JAPAN** 職権により開くことがあります  
May be opened officially **POST JAPAN POST**

お問い合わせ番号  
(item number) EN 239 396 818 JP

|                                                                                                                                                                                                                                              |  |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| From(Sender) Name & Address<br>Vibex Pharmaceutical Official Mall (Vibex Seiyaku)<br>Vibex Pharmaceutical Official Mall<br>Time 24 Building<br>2-4-32 Aomi<br>Koto-ku<br>Tokyo<br><br>Postal Code 135-0064 JAPAN<br>TEL +82-70-8094-1892 FAX |  | 受付年月日 Date mailed<br>年 (Year) 月 (Month) 日 (Date)<br>2023 02 07                                                | 損害要償額<br>Total gross weight g                                                                                                                                                                                                                                                                                                                                                          | 郵便料金<br>諸料金<br>合計金額 Postage Paid |
| To (Addressee) Name & Address<br>Youngmi Ki<br>Youngmi Ki<br>Room 2102, Building 104, 56, Geoma-ro,<br>Songpa-gu, Seoul (Geoyeo-dong, Songpa Signature Lotte Castle)<br><br>Postal Code 05767<br>Country KOREA                               |  |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |                                  |
| 内容品の詳細な記載 Detailed description of contents<br>Height Meter<br>Health food<br>Health food<br>Health food                                                                                                                                      |  | HSコード<br>HS tariff number<br>Country of origin of goods<br>Number of items contained<br>Net weight g<br>Value | TEL 010-3579-2145<br>FAX 010-3579-2145<br>内容品種別<br>Contents type<br><input type="checkbox"/> 贈物 Gift<br><input checked="" type="checkbox"/> 販売品 Sale of goods<br><input type="checkbox"/> 返送品 Returned goods<br><input type="checkbox"/> 商品見本 Commercial sample<br><input type="checkbox"/> その他 Others<br><input type="checkbox"/> 書類 Documents<br>日本円換算合計 (円)<br>Total Value 5025 Yen |                                  |
| No commercial value for customs purpose only.                                                                                                                                                                                                |  |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |                                  |
| <input checked="" type="checkbox"/> 内容品は危険物に該当しません。危険物の運搬のため、開封される場合があることに同意します。<br>(checked that contents above are not dangerous goods. I agree the item(s) may be opened if suspected of containing dangerous goods.)                     |  | <input type="checkbox"/> 20万円超 申告対象郵便物<br>この郵便物は<br>Number of this pieces<br>番目 個中<br>Total number of pieces  |                                                                                                                                                                                                                                                                                                                                                                                        |                                  |
| ご依頼主控えへの署名は不要です                                                                                                                                                                                                                              |  |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |                                  |

✂ 切り離し後、上部はご依頼主控としてお取りください。下部は郵便物と一緒に郵便局にご提出ください ✂

## EMS受取書 (Sender's Copy②)

## EMS受付局控 (Post office's copy)

|                                                                                                                                                                                            |  |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|
| EMS受取書 (Sender's Copy)<br>正に受領いたしました。                                                                                                                                                      |  | Country KOREA<br>日付印 Date Stamp |  |
| Vibex Pharmaceutical Official Mall<br>(Vibex Seiyaku)<br>Vibex Pharmaceutical Official Mall<br>Time 24 Building<br>2-4-32 Aomi<br>Koto-ku<br>Tokyo<br>135-0064<br>TEL +82-70-8094-1892 FAX |  | JAPAN<br>FAX                    |  |
| 【社員の方へ】<br>日付印を押印し、お客さまへお渡しください。                                                                                                                                                           |  |                                 |  |



\* E N 2 3 9 3 9 6 8 1 8 J P \*

お問い合わせ番号 (item number) : EN 239 396 818 JP

|                                                                                                                                                                                         |  |                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| EMS受付局控 (Post office's copy)                                                                                                                                                            |  | Country KOREA<br>TEL 010-3579-2145 FAX 010-3579-2145                                                          |  | 郵便料金 (円) 諸料金 (円) 合計 (円)<br>(Postage) (Commercial sample) (Others) (Documents)                                                                                                                                                                                                                                                                                                          |  |
| Vibex Pharmaceutical Official Mall (Vibex Seiyaku)<br>Vibex Pharmaceutical Official Mall<br>Time 24 Building<br>2-4-32 Aomi<br>Koto-ku<br>Tokyo<br>135-0064<br>TEL +82-70-8094-1892 FAX |  | JAPAN<br>FAX                                                                                                  |  | No commercial value for customs purpose only.                                                                                                                                                                                                                                                                                                                                          |  |
| 内容品詳細<br>Height Meter<br>Health food<br>Health food<br>Health food                                                                                                                      |  | HSコード<br>HS tariff number<br>Country of origin of goods<br>Number of items contained<br>Net weight g<br>Value |  | TEL 010-3579-2145<br>FAX 010-3579-2145<br>内容品種別<br>Contents type<br><input type="checkbox"/> 贈物 Gift<br><input checked="" type="checkbox"/> 販売品 Sale of goods<br><input type="checkbox"/> 返送品 Returned goods<br><input type="checkbox"/> 商品見本 Commercial sample<br><input type="checkbox"/> その他 Others<br><input type="checkbox"/> 書類 Documents<br>日本円換算合計 (円)<br>Total Value 5025 Yen |  |
| No commercial value for customs purpose only.                                                                                                                                           |  |                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |
| ご依頼主控えへの署名は不要です。                                                                                                                                                                        |  |                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                        |  |



10年保存

受付局控



\* E N 2 3 9 3 9 6 8 1 8 J P \*

内容品は危険物に該当しません。危険物の運搬のため、開封される場合があることに同意します。