

- 【送り状の有効期間について】

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

INVOICE

1枚目 / 1 枚中

インボイス作成日 (Date) :2023 / 09 / 06

作成地 (Place) :Tokyo

Invoice: 1 Please enclose in the pouch

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ご依頼主 (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 | 郵便物番号 (Mail Item No.): EN275905615JP                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                           | 送達手段 (Shipped Per) :E M S                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                           | 支払い条件 (Terms of Payment):                                                                                                                                                                                                                                        |
| お届け先 (Addressee):<br>Hyungsoo Kim<br>Hyungsoo Kim<br>Room<br>106, Aritaum, 116-131, Geumrak-ri, Hayang-eup,<br>Gyeongsan-si, Gyeongsangbuk-do<br>38436, KOREA<br><br>TEL 010-6577-7049      FAX 010-6577-7049             | 備考 (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) |
|-------------------------|----------------------------|---------------------------|------------------|--------------------|-----------------------|
| Health food             |                            |                           | 6                | USD 5. 24          | USD 31. 44            |
| 総合計 (Total)             |                            |                           | 6                |                    | USD 31. 44            |

F.O.B.JAPAN

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

署名 (Signature)



# JAPAN

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



**JAPAN POST**

お問い合わせ番号

(item number) **EN 275 905 615 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                                          |  | 受付年月日 Date mailed<br>年 (Year) 月 (Month) 日 (Date)<br>2023 09 06                                                                                            |                                       | 損害要償額<br>総重量<br>Total gross weight                                    |                         | 郵便料金 諸料金<br>合計金額 Postage Paid                                                                                                                                                                                                                                                                         |                                        |
|                                                                                                                                                                                                                          |  | To (Addressee) Name & Address<br>Hyungsoo Kim<br>Hyungsoo Kim<br>Room<br>106, Aritaum, 116-131, Geumrak-ri, Hayang-eup,<br>Gyeongsan-si, Gyeongsangbuk-do |                                       | Postal Code 38436                                                     |                         |                                                                                                                                                                                                                                                                                                       |                                        |
| Postal Code 135-0064 JAPAN                                                                                                                                                                                               |  | Country KOREA                                                                                                                                             |                                       | TEL 010-6577-7049<br>FAX 010-6577-7049                                |                         | 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 |                                        |
| 内容品の詳細な記載 Detailed description of contents<br>Health food                                                                                                                                                                |  | HSコード<br>HS tariff number                                                                                                                                 | 内容品の原産国<br>Country of origin of goods | 内容品の個数<br>Number of items contained<br>6                              | 止味重量<br>Net weight<br>g | 内容品の価格<br>Value<br>USD31.44                                                                                                                                                                                                                                                                           | 日本円換算合計 (円)<br>Total Value<br>3144 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。危険物の標記のため、開封される場合があることに同意します。<br>I 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                                                                                                                    |                                       | この郵便物は<br>Number of this pieces<br>番目<br>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)

|                                                                                                                                                                                                                                     |                                                  |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------|
| <p>Vibex Pharmaceutical Official Mail<br/>(Vibex Seiyaku)<br/>Vibex Pharmaceutical Official Mail<br/>Time 24 Building<br/>2-4-32 Aomi<br/>Koto-ku<br/>Tokyo</p> <p>135-0064</p> <p>JAPAN</p> <p>TEL +82-70-8094-1892</p> <p>FAX</p> | <p>EMS受取書 (Sender's Copy)</p> <p>正に受領いたしました。</p> | <p>Country KOREA</p> <p>日付印 Date Stamp</p> |
| <p>【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。</p>                                                                                                                                                                                            |                                                  |                                            |