



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

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# INVOICE

1枚目/1枚中

インボイス作成日 (Date) : 2024 / 01 / 19

**作成地(Place) :**Tokyo

|                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ご依頼主 (Sender):</b><br/>         Vibex Pharmaceutical (Vibex Seiyaku)<br/>         Vibex Pharmaceutical (Vibex Seiyaku)<br/>         Time 24 Building<br/>         2-4-32 Aomi<br/>         Koto-ku<br/>         Tokyo<br/>         135-0064, JAPAN</p> <p>TEL +82-70-8094-1892                      FAX</p>  | <p><b>郵便物番号 (Mail Item No.):</b> EN299879605JP</p> <p><b>送達手段 (Shipped Per) :</b> E M S</p> <p><b>支払い条件 (Terms of Payment):</b></p> <p><b>備考 (Remarks):</b><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)</p> |
| <p><b>お届け先 (Addressee):</b><br/>         Jin So-yoon<br/>         Jin So-yoon<br/>         Room 601, Building<br/>         13, 27, Juseong-ro 132beon-gil, Cheongwon-gu,<br/>         Cheongju-si, Chungcheongbuk-do<br/>         28338, KOREA</p> <p>TEL 010-8539-1152                      FAX 010-8539-1152</p> | <p>Invoice No.</p>                                                                                                                                                                                                                                                                                                                                                                                            |

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F.O.B. JAPAN

郵便物の個数 (Number of pieces) :

**総重量** (Gross weight) g :

署名(Signature)

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