



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

INVOICE

1枚目 / 1 枚中

インボイス作成日 (Date) :2022 / 06 / 13  
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.): EN176044830JP                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                           | 送達手段 (Shipped Per) :E M S                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                           | 支払い条件 (Terms of Payment):                                                                                                                                                                                                                                        |
| お届け先 (Addressee):<br>Hyunah Lee<br>Hyunah Lee<br>Room 301,<br>206, Deungchon-ro, Yangcheon-gu, Seoul (Mok-dong,<br>Hanul Palace)<br>07950, KOREA<br><br>TEL 010-7190-8752      FAX 010-7190-8752                          | 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             |                            |                           | 3                | USD 4. 42          | USD 13. 26            |
| 総合計 (Total)             |                            |                           | 3                |                    | USD 13. 26            |

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 176 044 830 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>2022 06 13 |                                       | 損害要償額                                                                 |                      |                                     | 郵便料金 諸料金                                                 |  |
|                                                                                                                                                                                                                          |  |                                                                |                                       | 総重量<br>Total gross weight g                                           |                      |                                     | 合計金額 Postage Paid                                        |  |
| To (Addressee) Name & Address<br>Hyunah Lee<br>Hyunah Lee<br>Room 301,<br>206, Deungchon-ro, Yangcheon-gu, Seoul (Mok-dong, Hanul Palace)                                                                                |  |                                                                |                                       | Postal Code 07950                                                     |                      |                                     |                                                          |  |
|                                                                                                                                                                                                                          |  |                                                                |                                       | Postal Code 135-0064 JAPAN                                            |                      |                                     |                                                          |  |
| TEL +82-70-8094-1892                                                                                                                                                                                                     |  | FAX                                                            |                                       | Country KOREA                                                         |                      |                                     |                                                          |  |
| 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                                   | 正味重量<br>Net weight g | 内容品の価格<br>Value                     | TEL 010-7190-8752                                        |  |
|                                                                                                                                                                                                                          |  |                                                                |                                       | 3                                                                     |                      | USD13.26                            | FAX 010-7190-8752                                        |  |
|                                                                                                                                                                                                                          |  |                                                                |                                       |                                                                       |                      |                                     | 内容品種別<br>Contents type                                   |  |
|                                                                                                                                                                                                                          |  |                                                                |                                       |                                                                       |                      |                                     | <input type="checkbox"/> 贈物<br>Gift                      |  |
|                                                                                                                                                                                                                          |  |                                                                |                                       |                                                                       |                      |                                     | <input checked="" type="checkbox"/> 販売品<br>Sale of goods |  |
|                                                                                                                                                                                                                          |  |                                                                |                                       |                                                                       |                      |                                     | <input type="checkbox"/> 返品<br>Returned goods            |  |
| No commercial value for customs purpose only.                                                                                                                                                                            |  |                                                                |                                       |                                                                       |                      | 日本円換算合計 (円)<br>Total Value 1326 Yen |                                                          |  |
| <input checked="" type="checkbox"/> 内容品は危険物に該当しません。危険物の種類のため、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 Mall<br/>(Vibex Seiyaku)<br/>Vibex Pharmaceutical Official Mall<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>Country KOREA</p> <p>日付印 Date Stamp</p> |
| <p>EMS受取書 (Sender's Copy)</p> <p>正に受領いたしました。</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>                                                                                                    |                                        |                                            |

[illegible]