



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

# INVOICE

1枚目 / 1 枚中

インボイス作成日 (Date) : 2022 / 10 / 11

**作成地(Place) :**Tokyo

|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>ご依頼主 (Sender):</b><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</p> <p>TEL +82-70-8094-1892      FAX</p> | <p><b>郵便物番号 (Mail Item No.):</b> EN213825364JP</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>Invoice No.</p> |
| <p><b>お届け先 (Addressee):</b><br/> Kim Bo-kyung<br/> Kim Bo-kyung<br/> 130 Gilsangam, Odong 1-gil, Hoein-myeon,<br/> Boeun-gun, Chungcheongbuk-do<br/> 28927, KOREA</p> <p>TEL 010-8651-2586      FAX 010-8651-2586</p>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                  |

[illegible]

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 213 825 364 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 10 11                                                                            |  | 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>Kim Bo-kyung<br>Kim Bo-kyung<br>130 Gilsangam, Odong 1-gil, Hoein-myeon,<br>Boeun-gun, Chungcheongbuk-do |  | 合算金額 Postage Paid                          |  |                                        |  |
| Postal Code 135-0064 JAPAN                                                                                                                                                      |  | Country KOREA                                                                                                                             |  | Postal Code 28927                          |  |                                        |  |
| TEL +82-70-8094-1892                                                                                                                                                            |  | FAX                                                                                                                                       |  | 内容品の詳細な記載 Detailed description of contents |  | TEL 010-8651-2586<br>FAX 010-8651-2586 |  |
| 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                     |  |
| 内容品の価格<br>Value                                                                                                                                                                 |  | 内容品の種類<br>Contents type                                                                                                                   |  | 内容品の種類<br>Contents type                    |  | 内容品の種類<br>Contents type                |  |
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✂ 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>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> |                       |

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