



## Combination Prior Notice and Pro Forma Invoice

1. SHIPPER NAME AND ADDRESS:   FDA REGISTRATION NO. _____				2. IMPORTER OF RECORD:			
3. CONSIGNEE NAME AND ADDRESS:   IRS NO. / SS NO. _____				4. BUYER (IF OTHER THAN CONSIGNEE):   IRS NO. / SS NO. _____			
5. BILL CUSTOMS CHARGES TO: SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> IMPORTER OF RECORD <input type="checkbox"/> BUYER <input type="checkbox"/>							
6. U.S. DUTY AND BROKERAGE INCLUDED IN INVOICE VALUE: <input type="checkbox"/>			8. REFERENCE:		9. DESTINATION (COUNTRY/STATE) USA _____		
7. TRANSACTION PARTIES ARE RELATED YES <input type="checkbox"/> NO <input type="checkbox"/>							
10. EXPORTING CARRIER _____  BOL NO. OR AWB NO. _____  FLIGHT NO. / CAR NO. _____  TRIP NO. _____			11. TERMS OF SALE, PAYMENT & DISCOUNT:		12. SHIPPING WEIGHT: GROSS _____ KG NET _____ KG		
					13. CURRENCY USED		
14. MODE OF TRANSPORT ROAD <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/>						15. FREIGHT INCLUDED <input type="checkbox"/>	
16. ORIGIN, COUNTRY, PROVINCE	17. NO. OF PKGS.	18. DESCRIPTION OF GOODS:	19. TARIFF CODE	20. UNIT QTY.	21. UNIT VALUE:	22. TOTAL:	
	LOT # _____ PKGS _____ TYPE _____ SIZE _____						
23. FDA REGISTRATION#		25. SCN:		UNIT OF MEASURE:			
24. MANUFACTURER <input type="checkbox"/> CONSOLIDATOR <input type="checkbox"/>							
26. IF GOODS NOT SOLD STATE REASON FOR REPORT		27. TOTAL PACKAGES:		28. EXPORT PERMIT NUMBER:		29. TOTAL INVOICE VALUE:	
		30. FREIGHT CHARGES TO POINT OF EXIT: _____ TO DESTINATION: _____					
31. ARRIVAL INFORMATION – PORT OF ENTRY:			DATE OF ARRIVAL:		TIME OF ARRIVAL:		
32. AS THE SUBMITTER OF THE INFORMATION REQUIRED BY FDA INTERIM FINAL PRIOR NOTICE RULE I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS FDA PRIOR NOTICE DATA COLLECTION FORM IS TRUE AND CORRECT AND I HEREBY AUTHORIZE GHY TO ACT AS THE TRANSMITTER OF THIS INFORMATION PURSUANT TO 21 CFR TITLE 21. I FURTHER CERTIFY THAT I UNDERSTAND THAT GHY AS WELL AS ITS SUCCESSORS AND ASSIGNS, HAS LIMITED ITS LIABILITY IN SERVING AS THE TRANSMITTER OF THE INFORMATION TO THE EXTENT PROVIDED FOR UNDER LAW AND AS PROVIDED IN THE GHY STANDARD TERMS AND CONDITIONS OF SERVICE.							
CONTACT NAME: _____			SUBMITTER STATUS: SHIPPER <input type="checkbox"/> AGENT <input type="checkbox"/> DATE _____				
CONTACT PHONE: _____			SUBMITTER SIGNATURE: _____				
SUBMITTER NAME: _____			_____				