



National U.S.-Arab  
Chamber of Commerce

الغرفة التجارية  
الأمريكية العربية الوطنية


# CERTIFICATE OF ORIGIN

ORIGINAL

TO VALIDATE, GO TO  
VERIFY.FTGS.US

Certificate Number : **NU-COO-57613-67ca1d495a363**

Date : **March 06, 2025**

Seller (Exporter) Gentell LLC 1000 Floral Vale Boulevard Morrisville PA USA	Transport Type Air	Port of Loading New York, NY
	Destination Country Kuwait	Destination Port Mubarak Al Kabeer
	Export Date *****	Exporting Carrier Federal Express
Consignee Gentell LLC 1000 Floral Vale Blvd Yardley, PA 19067 United States	Import Permit Number *****	Bill of Lading / AWB *****
	Owner or Agent *****	Forwarding Agent N/A
	Remarks	
Buyer (Importer) National Medical Consumable Industries Co. KSCC P.O.Box 44369 Hawalli 32058 Kuwait Block # 10, Plot # 1 – 5, North Subhan, State of Kuwait. Kuwait		

Description (May include notes on Quantity, Item Number, Marks and Numbers, Kind of Packages.)	Weight	Country of Origin
Calcium Alginate Ag (Silver) 4" x 8" Dressing H.S.Code: 3005901000 Marks: GEN-13482 =====end of products=====	1982 Net: 1970 =====	United States =====

Name of Authorized Trade Association



Authorized Signature *Mohammad Hadi*

The Applicant (or the Applicant on behalf of the Consignor), by utilizing this document, certifies that:

- The above-mentioned goods originate in the country(ies) specified above and comply with the rules of origin applicable in the country(ies) to those goods.
- The information in this certificate and in any documents provided to the National U.S. – Arab Chamber of Commerce ("NUSACC") is accurate, true and complete.
- The Applicant undertakes to advise NUSACC and any other person(s) to whom the applicant provides this Certificate (or to whom the Certificate is provided to with the knowledge of the Applicant) promptly in writing of any inaccuracy, omission or change in such information, or in the origin of goods.
- The Applicant will maintain, and present upon request, such documentation as is necessary to verify the truth, accuracy and completeness of this certificate and accompanying documents.
- In consideration for the NUSACCs issuance of this Certificate, the Applicant agrees to release, discharge and hold harmless NUSACC from any liability in connection with the issuance of this certificate and to indemnify NUSACC in respect of any costs and/or claims made against NUSACC in connection herewith.
- The Applicant is authorized to give the undertakings set out herein.

This invoice must be completed in English.

## COMMERCIAL INVOICE


Page \_\_\_\_\_ of \_\_\_\_\_

<b>EXPORTER:</b> Tax ID#: Contact Name: Telephone No.: E-Mail: Company Name/Address:     Country/Territory: Parties to Transaction: <input type="checkbox"/> Related <input type="checkbox"/> Non-Related	<b>Ship Date:</b>  <b>Air Waybill No. / Tracking No.:</b>  <b>Invoice No.:</b> <b>Purchase Order No.:</b>  <b>Payment Terms:</b> <b>Bill of Lading:</b>  <b>Purpose of Shipment:</b>
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<b>CONSIGNEE:</b> Tax ID#: Contact Name: Telephone No.: E-Mail: Company Name/Address:     Country/Territory:	<b>SOLD TO (if different from Consignee):</b> <input type="checkbox"/> Same as CONSIGNEE:  <b>Tax ID#:</b>  <b>Company Name/Address:</b>    Country/Territory:
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If there is a designated broker for this shipment, please provide contact information.  
Name of Broker \_\_\_\_\_ Tel. No. \_\_\_\_\_ Contact Name \_\_\_\_\_  
Duties and Taxes Payable by ☐ Exporter ☐ Consignee ☐ Other If Other, please specify \_\_\_\_\_

No. of Packages	No. of Units	Net Weight (LBS / KGS)	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Manufacture	Unit Value	Total Value
						USA		

<b>Total Pkgs</b>	<b>Total Units</b>	<b>Total Net Weight</b>	<b>(Indicate LBS/KGS)</b>	<b>Total Gross Weight</b>	<b>(Indicate LBS/KGS)</b>	<b>Terms of Sale:</b>	<b>Subtotal:</b>	
							<b>Insurance:</b>	
<b>Special Instructions:</b>							<b>Freight:</b>	
							<b>Packing:</b>	
<b>Declaration Statement(s):</b>							<b>Handling:</b>	
							<b>Other:</b>	
<b>I declare that all the information contained in this invoice to be true and correct.</b>							<b>Invoice Total:</b>	
<b>Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual:</b>							<b>Currency Code:</b>	
<div><div>Signature/ Title: <u>William Franks</u> Date: _____</div></div>								

NU-C00-57613-67ca1d495a363/March 06, 2025