

**Invoice Number:** INV-[XXXX]  
**Date:**

### **INVOICE**

**Billed To:**  
Client's Full Name  
Client's Address  
Client's Contact Information  
**Passport Number:** Client’s Passport No

| **Description** | **Total Amount** |
| --- | --- |
| Schengen Visa Assistance Service |  |
|  |  |

**Total Amount Payable:**   
**Payment Method:** (Bank Transfer/ Payment link/ Cash/Card)

### **Terms and Conditions**

1. This invoice covers **assistance services only** and **does not guarantee visa approval**.
2. All fees are **non-refundable**, regardless of the outcome of the visa application.
3. Services include application form assistance, documentation guidance, and appointment scheduling (if applicable).
4. The client is responsible for providing truthful and complete documents.

**Declaration:**  
We hereby declare that the above-mentioned services were provided to the client as agreed.

**Authorized Signatory Applicant Signature**