

aramex

International Express Air Waybill

Shipper's Copy



* 3 2 2 0 9 7 2 9 7 4 *

Track your shipment online on aramex.com

1. FROM (SHIPPER)
 Shipper's Account No. 1120695 Shipper's Ref. _____
 FROM (Your Name) Print Please _____ Phone Number 06301880-79-0944 2149
 Company Serda Dept./Floor No. _____
 Street Address _____
Midan
 City Damascus State/Province _____
 Country Syria ZIP/Postal Code _____

2. TO (RECEIVER)
 Receiver's Account No. _____ Receiver's Ref. _____
 To (Receiver Name) Print Please _____ Phone Number _____
Divya Suvarna
 Company _____ Dept./Floor No. _____
 Street Address (ARAMEX CANNOT DELIVER TO P.O. BOX)
303, Mahesh Industrial Estate, PPS, Silver
Park, Mira Bhayander Road, Mira Road/E,
 City Dist. Thane Mumbai-401104, Maharashtra
 Country INDIA ZIP/Postal Code _____

3. SHIPPER'S SIGNATURE & AUTHORIZATION
 I/we agree that Aramex's standard Conditions of Carriage apply to this shipment and I/we Aramex's liability. The Warsaw Convention may also apply (see reverse).
 I/we understand that Aramex does not transport cash or dangerous goods (see reverse).
 Shipper's Signature (Required) X [Signature] Date DD/MM/YY Time HH/MM
 Received By Aramex _____ Date _____ Time _____
 Collection Location Shipper's Door Aramex Terminal Other Collection Ref. _____

ORG. STN _____ **DEST. STN** _____

4. SHIPMENT INFORMATION
 No. of Pieces 1 "Actual" Weight _____ "Chargeable" Weight _____ Country of Manufacture _____
 Description of Goods/Harmonized Code:
 1. Handbags
 2. _____
 3. _____

5. SERVICES
 PROD GRP EXP PROD TYP _____
 SVC CODE _____ SVC CODE _____ SVC CODE _____

6. TRANSPORTATION CHARGES
 Default to Shipper Account if not Noted
 Bill Shipper
 Cash
 Prepaid Stock
 Account
 Bill Receiver Account (Collect)
 Bill 3rd Party "Approved" Account
 A/C No. _____
 Bill 3rd Party "Approved" Account
 APP A/C No. _____
 Transport / Svc Charges: _____
 Currency: _____

7. DUTIES AND TAXES
 Default to Receiver Account if not Noted
 Bill Shipper Account (Free Domicile)
 Bill Receiver
 Bill 3rd Party "Approved" Account
 APP A/C No. _____

8. COST OF GOODS
 No Charges if not Noted
 Bill Receiver
 Bill 3rd Party "Approved" Account
 APP A/C No. _____
 Cost of Goods: _____
 Currency: _____

9. RECEIVER SIGNATURE
 Received above shipment in good order and condition
 Receiver's Signature (Required) X _____ Date _____ Time _____
 Name (Please Print) _____

GLOBAL DISTRIBUTION ALLIANCE

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 Street Address _____
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 Country Syria ZIP/Postal Code _____

2. TO (RECEIVER)
 Receiver's Account No. _____ Receiver's Ref. _____
 To (Receiver Name) Print Please _____ Phone Number _____
Ali Aytekin
 Company Advanced technology Dept./Floor No. _____
Supplier tic. A.S.
 Street Address (ARAMEX CANNOT DELIVER TO P.O. BOX)
Toprakbale sok. Buyrak apt. No 419 343 Etiler
 City Istanbul Turkey State/Province _____
 Country Turkey ZIP/Postal Code _____

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