



\*41813311260\*

<b>1 FROM (SHIPPER)</b>		Shipper's Account No.		Shipper's Ref.	
131892		MKO10008853-1			
From (Your Name) Print Please		Phone Number			
Ishak		94117463463			
Company		Int'l Code		Dept./Floor No	
Makeen Books (Pvt) Ltd					
Street Address					
441, Galle Road Colombo 3					
City		State/Province			
Colombo		Colombo			
Country		ZIP/Postal Code			
Sri Lanka		00300			
<b>2 TO (RECEIVER)</b>		Receiver's Account No.			
Receiver's Account No.		NewAramexDotCom			
To (Receiver Name) Print Please		Phone Number(s)			
mohamed hussain		94761009826 +94761009826			
Company		Name / Floor No			
yooshau					
Street Address (ARAMEX CANNOT DELIVER TO A.P.O. BOX)					
774/10 Gudam Watta Road, Liyanagemulla, Seeduwa, Katunayaka 1140					
Seeduwa 1140 Sri Lanka,					
City		State/Province			
Katunayake		Gampaha			
Country		ZIP/Postal Code			
Sri Lanka		11450			
<b>3 SHIPPER'S SIGNATURE &amp; AUTHORIZATION</b>					
Shipper's Signature (Required) X					
Date		Time			
04/03/2019		HH / MM			
Received By Aramex					
Date		Time			
Collection Location		Collection Ref.			
Shipper's Door		Aramex Terminal			
Other					

<b>ORG. STN</b>		<b>DEST. STN</b>			
CMB		CMB			
<b>4 SHIPMENT INFORMATION</b>					
No. of Pieces		Actual Weight		Country of Manufacture	
1		0.20 KG		0.20 KG	
Description of Goods/Harmonized Code:		Customs Value		Currency	
1Books		2,400.00		LKR	
<b>5 SERVICES</b>					
PROD GRP		PROD TYP		Remarks	
DOM		SMP		RTRN, CODS	
SVC CODE		SVC CODE		SVC CODE	
				urgent delivery	
<b>6 TRANSPORTATION CHARGES</b>					
Default to Shipper Account if Not Noted					
Bill Shipper					
<input type="checkbox"/> Cash					
<input type="checkbox"/> Prepaid Stock					
<input checked="" type="checkbox"/> Account					
<input type="checkbox"/> Bill Receiver Account (Collect)					
A/C No. _____					
<input type="checkbox"/> Bill 3rd Party "Approved" Account					
APP A/C _____					
Transport Svc _____					
Currency _____					
<b>7 DUTIES AND TAXES</b>					
Default to Receiver if not Noted					
<input type="checkbox"/> Bill Shipper Account (Free Domestic)					
<input type="checkbox"/> Bill Receiver					
<input type="checkbox"/> Bill 3rd Party "Approved" Account					
APP A/C _____					
<b>8 COST OF GOODS</b>					
No Charges if not Noted					
<input type="checkbox"/> Bill Receiver					
<input type="checkbox"/> Bill 3rd Party "Approved" Account					
APP A/C _____					
Cost of _____ 2,400.00					
Currency _____ LKR					
<b>9 RECEIVER SIGNATURE</b>					
Received above shipment in good order and condition					
Receiver's Signature (Required) X		Date		Time	
		DD / MM / YY		HH / MM	
Name (Please Print)					

### CONDITIONS OF CARRIAGE

1. TENDERING THE SHIPMENT FOR CARRIAGE...  
 2. SCOPE OF CONDITIONS...  
 3. ARAMEX'S OBLIGATIONS...  
 4. SERVICE RESTRICTION...  
 5. LIMITATION OF LIABILITY...  
 6. CONSEQUENTIAL DAMAGES EXCLUDED...  
 7. LIABILITY NOT ASSUMED...  
 8. WHILE ARAMEX WILL endeavour to exercise its best efforts to provide expeditious delivery...

7. MATERIALS NOT ACCEPTABLE FOR TRANSPORT...  
 8. PACKAGING...  
 9. NEGLIGENCE...  
 10. CHARGES...  
 11. PROPERTY...  
 12. CLAIMS...  
 13. NON-DELIVERY OF SHIPMENT...  
 14. INSURANCE...  
 15. WARSAW CONVENTION...