

aramex



Copy 4
Domestic Waybill

1. SHIPMENT INFORMATION

ORG. STN	DEST. STN	Product Type	No. of Pieces	Actual Weight	Chargeable Weight
م	ال	نوع الطرود	عدد الطرود	الوزن	الوزن المستخدم لحساب الكلفة

2. FROM (SHIPPER)

Shipper's Account No.	Shipper's Ref.
131892	

Contact Name (Your Name)	Phone No.
	94117463463

Company Name	Address
Makeen Books (Pvt) Ltd	

Address	City
NO 441 Galle Road	Colombo 3

State/Province	ZIP/Postal Code
Colombo	00300

3. SHIPPER'S SIGNATURE & AUTHORIZATION

I/We agree that Aramex's standard Conditions of Carriage apply to this shipment and limit Aramex's liability. The Warsaw Convention may also apply (see reverse). I/We understand that Aramex's does not transport cash or dangerous goods (see reverse).

Shipper's Signature X	Date	Time
توقيع المرسل	DD / MM / YY	HH / MM

Received by Aramex	Date	Time
استلمت من قبل أرامكس	DD / MM / YY	HH / MM

4. TO (RECEIVER)

Receiver's Account No.	Receiver's Ref.
MR0: 8193	

To (Receiver Name)	Phone No.
	0762129930

Company Name	Address

City	State/Province	ZIP/Postal Code
Colombo -10		

11. RECEIVER'S SIGNATURE & AUTHORIZATION

Received shipment in good order and condition

Receiver's Signature X	Date	Time
توقيع المستلم	DD / MM / YY	HH / MM

Name (Please Print)
اسم المستلم

5. DESCRIPTION OF GOODS

Declared Value
Rs. 1275

6. NOTES
Urgent Delivery

7. PRODUCT CLASSIFICATION
<input checked="" type="checkbox"/> Same Day <input type="checkbox"/> Overnight

8. ADDITIONAL SERVICES
<input type="checkbox"/> Return Service <input type="checkbox"/> Cost of Goods <input type="checkbox"/> Other

9. TRANSPORTATION CHARGES
<input type="checkbox"/> Bill Shipper <input checked="" type="checkbox"/> Bill Receiver (Collect)
<input type="checkbox"/> Account No.
<input type="checkbox"/> Cash Amount / القيمة

10. COST OF GOODS

Bill Receiver
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other
Amount / القيمة