

aramex



Copy 4
Domestic Waybill

1. SHIPMENT INFORMATION						5. DESCRIPTION OF GOODS								
ORG. STN من	DEST. STN الى	Product Type نوع الطرود	No. of Pieces عدد الطرود	Actual Weight الوزن	Chargeable Weight الوزن المستخدم لحساب الكلفة	COD Rs. 1625/-								
2. FROM (SHIPPER)						6. NOTES								
Shipper's Account No. 131892			Shipper's Ref.			Digital Billing								
Contact Name (Your Name)			Phone No. 94117463463			7. PRODUCT CLASSIFICATION								
Company Name Makeen Books (Pvt) Ltd			Address NO 441 Galle Road			Same Day <input type="checkbox"/> Overnight <input type="checkbox"/> Deferred <input type="checkbox"/>								
City Colombo 3			ZIP/Postal Code 00300			8. ADDITIONAL SERVICES								
State/Province Colombo			City Alimangalaya			Return Service <input type="checkbox"/> Cost of Goods <input type="checkbox"/> Other <input type="checkbox"/>								
3. SHIPPER'S SIGNATURE & AUTHORIZATION			11. RECEIVER'S SIGNATURE & AUTHORIZATION			9. TRANSPORTATION CHARGES								
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).			Received shipment in good order and condition			Bill Shipper <input checked="" type="checkbox"/> Bill Receiver (Collect) <input type="checkbox"/> Bill 3rd Party <input type="checkbox"/>								
Shipper's Signature X		Date	Time		Date		Time		Account No. <input type="checkbox"/> Prepaid <input type="checkbox"/>					
توقيع المرسل		التاريخ	الوقت		التاريخ		الوقت		Cash Amount / القيمة <input type="checkbox"/>					
Received by Aramex		Date	Time		Name (Please Print)		10. COST OF GOODS							
استلمت من قبل أرامكس		التاريخ	الوقت		اسم المستلم		Bill Receiver <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other <input type="checkbox"/>							
		00 / 00 / 00	HH / MM				Amount / القيمة							

or complaints, please contact us: www.aramex.com/complaints