



FORWARDER  
AIRWAYBILL



\*41813415114\*

<b>1 FROM (SHIPPER)</b>		ORG. STN <b>CMB</b>	DEST. STN <b>CMB</b>		
Shipper's Account No. <b>131892</b>		Shipper's Ref. <b>MKO10009393</b>			
From (Your Name) Print Please <b>Suranjan Rajendram</b>		Phone Number <b>94117463463</b>			
Company <b>Makeen Books (Pvt) Ltd</b>		Dept./Floor No.			
Street Address <b>441, Galle Road Colombo 3</b>		<b>4 SHIPMENT INFORMATION</b>			
City <b>Colombo</b>		No. of Pieces <b>1</b>	Actual Weight <b>0.20 KG</b>	Chargeable Weight <b>0.20 KG</b>	Country of Manufacture
Country <b>Sri Lanka</b>		Description of Goods/Harmonized Code: <b>1 Book</b>		Customs Value <b>1,335.00</b>	Currency <b>LKR</b>
State/Province <b>Colombo</b>		<b>5 SERVICES</b>		Remarks <b>RTRN,CODS</b>	
ZIP/Postal Code <b>00300</b>		PROD GRP <b>DOM</b>		PROD TYP <b>SMP</b>	
City <b>Wattala</b>		SVC CODE		SVC CODE	
Country <b>Sri Lanka</b>		SVC CODE		SVC CODE	
State/Province <b>Gampaha</b>		<b>6 TRANSPORTATION CHARGES</b>		<b>7 DUTIES AND TAXES</b>	
ZIP/Postal Code <b>11300</b>		Default to Shipper Account if Not Noted		Default to Receiver if Not Noted	
City <b>Sri Lanka</b>		Bill Shipper		<input type="checkbox"/> Bill Shipper Account (Free Domestic)	
Country <b>Sri Lanka</b>		<input type="checkbox"/> Cash		<input type="checkbox"/> Bill Receiver	
State/Province <b>Gampaha</b>		<input type="checkbox"/> Prepaid Stock		<input type="checkbox"/> Bill 3rd Party "Approved" Account	
ZIP/Postal Code <b>11300</b>		<input checked="" type="checkbox"/> Account		APP A/C _____	
City <b>Sri Lanka</b>		<input type="checkbox"/> Bill Receiver Account (Collect)		<b>8 COST OF GOODS</b>	
Country <b>Sri Lanka</b>		A/C No. _____		No Charges if not Noted	
State/Province <b>Gampaha</b>		<input type="checkbox"/> Bill 3rd Party "Approved" Account		<input type="checkbox"/> Bill Receiver	
ZIP/Postal Code <b>11300</b>		APP A/C _____		<input type="checkbox"/> Bill 3rd Party "Approved" Account	
City <b>Sri Lanka</b>		Transport Svc _____		APP A/C _____	
Country <b>Sri Lanka</b>		Currency _____		Cost of _____	
State/Province <b>Gampaha</b>		<input type="checkbox"/> Currency _____		Currency _____	
ZIP/Postal Code <b>11300</b>		<b>9 RECEIVER SIGNATURE</b>		Cost of _____	
City <b>Sri Lanka</b>		Received above shipment in good order and condition		Currency _____	
Country <b>Sri Lanka</b>		Signature (Required) X _____		LKR	
State/Province <b>Gampaha</b>		Date _____		LKR	
ZIP/Postal Code <b>11300</b>		Time _____		LKR	
City <b>Sri Lanka</b>		Signature (Required) X _____		LKR	
Country <b>Sri Lanka</b>		Date _____		LKR	
State/Province <b>Gampaha</b>		Time _____		LKR	
ZIP/Postal Code <b>11300</b>		Name (Please Print) _____		LKR	
City <b>Sri Lanka</b>		Collection Location		LKR	
Country <b>Sri Lanka</b>		Shippers Door		LKR	
State/Province <b>Gampaha</b>		Aramex Terminal		LKR	
ZIP/Postal Code <b>11300</b>		Other		LKR	
City <b>Sri Lanka</b>		Collection Ref.		LKR	
Country <b>Sri Lanka</b>				LKR	
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