

# aramex



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Domestic Waybill

I. SHIPMENT INFORMATION						معلومات الشحنة					
ORG. STN من	DEST. STN الى	Product Type نوع الطرود	No. of Pieces عدد الطرود	Actual Weight الوزن	Chargeable Weight الوزن المستخدم لحساب الكلفة						
FROM (SHIPPER) معلومات المرسل						4. TO (RECEIVER) معلومات للمستلم					
Shipper's Account No. 131892			Shipper's Ref.			Receiver's Account No. MKO 10601			Receiver's Ref.		
Contact Name (Your Name) Makeen Books (Pvt) Ltd			Phone No. 94117463463			To (Receiver Name) Sipath			Phone No. 0774185909		
Company Name			Address No 441, Galle Road			Company Name			Address 512/A Hambantota Angaduwa		
City Colombo 03		State/Province		ZIP/Postal Code 00300		City		State/Province		ZIP/Postal Code	
SHIPPER'S SIGNATURE & AUTHORIZATION						11. RECEIVER'S SIGNATURE & AUTHORIZATION					
I agree that Aramex's standard Conditions of Carriage apply to this shipment and limit Aramex's liability. The Warsaw Convention 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					
Shipper's Signature X		Date		Time		Receiver's Signature X		Date		Time	
توقيع المرسل		التاريخ DD / MM / YY		الوقت HH / MM		توقيع المستلم		التاريخ DD / MM / YY		الوقت HH / MM	
Received by Aramex		Date		Time		Name (Please Print)					
استلمت من قبل أرامكس		التاريخ DD / MM / YY		الوقت HH / MM		اسم المستلم					
complaints, please contact us: www.aramex.com/complaints						5. DESCRIPTION OF GOODS					
						Declared Value 2750					
						6. NOTES Original Delivery					
						7. PRODUCT CLASSIFICATION					
						<input type="checkbox"/> Same Day <input type="checkbox"/> Overnight <input type="checkbox"/> Deferred					
						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 type="checkbox"/> Bill Receiver (Collect) <input type="checkbox"/> Bill 3rd Party					
						<input type="checkbox"/> Account No. <input type="checkbox"/> Prepaid					
						<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					