

aramex

Copy 2
International Express Air Waybill



* 347 369 184 1 *

FROM (SHIPPER) Shipper's Account No. <u>131692</u> Shipper's Ref. _____			ORG. STN	DEST. STN					
FROM (Your Name) Print Please <u>Makern books</u>			4. SHIPMENT INFORMATION Track your shipment online on aramex.com						
Phone Number <u>0117463463</u>		Int'l Code	Area Code	Local No.	No. of Pieces	"Actual" Weight kg	"Chargeable" Weight kg	Country of Manufacture	
Company _____			Dept./Floor No. _____		Description of Goods/Harmonized Code:			Customs Value	Currency
Street Address <u>441, Galle Rd Colombo 03</u> <u>කොළඹ 03</u>			City <u>Colombo 03</u>		1. <u>Books</u>				
State/Province _____			Country <u>Sri Lanka</u>		2. _____				
ZIP/Postal Code _____			TO (RECEIVER)		3. _____				
Receiver's Account No. _____			Receiver's Ref. _____		5. SERVICES			DOMESTIC ROUTING	
(Receiver Name) Print Please <u>Mohammed Wasif</u>			Phone Number <u>+9609126988</u>		PROD GRP _____			PROD TYP _____	
Company _____			Dept./Floor No. _____		SVC CODE _____			SVC CODE _____	
Street Address (ARAMEX CANNOT DELIVER TO A P.O. BOX) <u>Menchadoo, Flichadhoo,</u>			City <u>Abdu city, Maldives</u>		6. TRANSPORTATION CHARGES			7. DUTIES AND TAXES	
State/Province _____			Country <u>Maldives</u>		Default to Shipper Account if not noted			Default to Receiver Account if not noted	
ZIP/Postal Code <u>19020</u>			SHIPPER'S SIGNATURE & AUTHORIZATION		Bill Shipper			Bill Shipper Account (Free Domicile)	
I 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 understand that Aramex does not transport cash or dangerous goods (see reverse).			Shipper's Signature (Required) X <u>[Signature]</u>		<input type="checkbox"/> Cash			<input type="checkbox"/> Bill Receiver	
Date _____			Time _____		<input type="checkbox"/> Prepaid Stock			<input type="checkbox"/> Bill 3rd Party "Approved" Account	
Received by Aramex			Date _____		<input type="checkbox"/> Account			APP A/C No. _____	
Collection Location			Collection Ref. _____		<input type="checkbox"/> Bill Receiver Account (Collect)			8. COST OF GOODS	
Shipper's Door <input type="checkbox"/> Aramex Terminal <input type="checkbox"/> Other <input type="checkbox"/>					A/C No. _____			No Charges if not noted	
Complaints, please contact us: www.aramex.com/complaints					Bill 3rd Party "Approved" Account			<input type="checkbox"/> Bill Receiver	
					APP A/C No. _____			<input type="checkbox"/> Bill 3rd Party "Approved" Account	
					Transport / Svc Charges : _____			APP A/C No. _____	
					Currency : _____			Cost of Goods : _____	
					9. RECEIVER'S SIGNATURE			Currency: _____	
					Received shipment in good order and condition				
					Receiver's Signature (Required) X <u>[Signature]</u>			Date _____	
					Name (Please Print) _____			Time _____	

GLOBAL DISTRIBUTION ALLIANCE

