

aramex



Copy 4
Domestic Waybill

| 1. SHIPMENT INFORMATION | | | | | | معلومات الشحنة | |
|-------------------------|-----------------|----------------------------|-----------------------------|------------------------|--|----------------|--|
| ORG. STN م | DEST. STN ال | Product Type نوع الطرود | No. of Pieces عدد الطرود | Actual Weight الوزن | Chargeable Weight الوزن المستخدم لحساب الكلفة | | |

| 4. TO (RECEIVER) | | | معلومات المستلم | | |
|------------------------|------------------|-----------------|-----------------|--|--|
| Receiver's Account No. | رقم حساب المستلم | Receiver's Ref. | مرجع المستلم | | |

| 5. DESCRIPTION OF GOODS | | محتويات الشحنة | |
|-------------------------|-----------------|----------------|--|
| Declared Value | قيمة المصرح بها | | |
| 6. NOTES | | | |

| 2. FROM (SHIPPER) | | | | معلومات المرسل | | | |
|-----------------------|-----------------|----------------|-------------|----------------|--|--|--|
| Shipper's Account No. | رقم حساب المرسل | Shipper's Ref. | مرجع المرسل | | | | |

| To (Receiver Name) | | الى (المستلم) | | Phone No. | | رقم الهاتف | |
|--------------------|--|---------------|--|-----------|--|------------|--|
| | | | | | | | |

| 7. PRODUCT CLASSIFICATION | | تصنيف الخدمة | |
|-----------------------------------|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Same Day | <input type="checkbox"/> Overnight | <input type="checkbox"/> Deferred | |

| Contact Name (Your Name) | | من (المرسل) | | Phone No. | | رقم الهاتف | |
|--------------------------|--|-------------|--|-----------|--|------------|--|
| | | | | | | | |

| Company Name | | (المستلم) | | Address | | العنوان | |
|--------------|--|-----------|--|---------|--|---------|--|
| | | | | | | | |

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

| Company Name | | | | (الشركة (المرسل) | | | |
|--------------|--|--|--|------------------|--|--|--|
| | | | | | | | |

| Address | | | | العنوان | | | |
|---------|--|--|--|---------|--|--|--|
| | | | | | | | |

| 9. TRANSPORTATION CHARGES | | قيمة الشحن | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Bill Shipper | <input type="checkbox"/> Bill Receiver (Collect) | <input type="checkbox"/> Bill 3rd Part | |

| Address | | | | العنوان | | | |
|---------|--|--|--|---------|--|--|--|
| | | | | | | | |

| City | | الولاية/المقاطعة | | ZIP/Postal Code | | الرمز البريدي | |
|------|--|------------------|--|-----------------|--|---------------|--|
| | | | | | | | |

| 10. COST OF GOODS | | كلفة البضاعة | |
|-------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check | <input type="checkbox"/> Other | |

| 3. SHIPPER'S SIGNATURE & AUTHORIZATION | | | | توقيع المرسل | | | |
|---|--|--|--|--------------|--|--|--|
| 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 does not transport cash or dangerous goods (see reverse). | | | | | | | |

| 11. RECEIVER'S SIGNATURE & AUTHORIZATION | | | | توقيع المستلم | | | |
|---|--|--|--|---------------|--|--|--|
| Received shipment in good order and condition | | | | | | | |

| 10. COST OF GOODS | | كلفة البضاعة | |
|-------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check | <input type="checkbox"/> Other | |

| Shipper's Signature X | | Date | | Time | |
|-----------------------|--|------|--|------|--|
| | | | | | |

| Receiver's Signature X | | Date | | Time | |
|------------------------|--|------|--|------|--|
| | | | | | |

| 10. COST OF GOODS | | كلفة البضاعة | |
|-------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check | <input type="checkbox"/> Other | |

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

