

aramex



* 411 589 584 33 *

Copy 4
Domestic Waybill

SHIPMENT INFORMATION

| IRG. STN | DEST. STN | Product Type | No. of Pieces | Actual Weight | Chargeable Weight |
|----------|-----------|--------------|---------------|---------------|-----------------------------|
| | | نوع الطرود | عدد الطرود | الوزن | الوزن المستخدم لحساب الكلفة |

| FROM (SHIPPER) | |
|-----------------------|----------------|
| Shipper's Account No. | Shipper's Ref. |
| 131892 | |

| Contact Name (Your Name) | Phone No. |
|--------------------------|-------------|
| | 94117463463 |

| Company Name |
|------------------------|
| Makeen Books (Pvt) Ltd |

| Address |
|--------------------|
| No 441, Galle Road |

| City |
|------------|
| Colombo 03 |

SHIPPER'S SIGNATURE & AUTHORIZATION

Receiver's Signature X

Name (Please Print)

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

Track your shipment online on aramex.com

| 4. TO (RECEIVER) | |
|------------------------|-----------------|
| Receiver's Account No. | Receiver's Ref. |
| MRO 11081 | |

| To (Receiver Name) | Phone No. |
|--------------------|------------|
| Tharindi | 011-276380 |

| Company Name |
|--------------|
| Evatine |

| Address |
|----------------------|
| 5/484, Silva Palace, |

| City |
|-----------|
| Pumpitaya |

| City |
|------|
| |

11. RECEIVER'S SIGNATURE & AUTHORIZATION

Receiver's Signature X

Name (Please Print)

5. DESCRIPTION OF GOODS

| Declared Value |
|----------------|
| COD R 2395 |

6. NOTES

Urgent 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 |
|---------------------------------------|--|---|

10. COST OF GOODS

Bill Receiver

| | | |
|-------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check | <input type="checkbox"/> Other |
|-------------------------------|--------------------------------|--------------------------------|