

# aramex



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Domestic Waybill

Track your shipment on [aramex.com](http://aramex.com)

### SHIPMENT INFORMATION

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

| SHIPPER (SHIPPER)     |                 | معلومات المرسل |             |
|-----------------------|-----------------|----------------|-------------|
| Shipper's Account No. | رقم حساب المرسل | Shipper's Ref. | مرجع المرسل |
| 131892                |                 |                |             |

| Shipper Name (Your Name) |  | Phone No.   | رقم الهاتف |
|--------------------------|--|-------------|------------|
| من (المرسل)              |  | 94117463463 |            |

| Shipper Name            |  | Address | العنوان |
|-------------------------|--|---------|---------|
| Makeken Books (Pvt) Ltd |  |         |         |

| Address         |  | City | البلد |
|-----------------|--|------|-------|
| 441, Galle Road |  |      |       |

| State/Province | ZIP/Postal Code | الرمز البريدي |
|----------------|-----------------|---------------|
| Colombo 03     |                 |               |

### SHIPPER'S SIGNATURE & AUTHORIZATION

I warrant that Aramex's standard Conditions of Carriage apply to this shipment and limit Aramex's liability. The Warsaw Convention applies (see reverse). I/we understand that Aramex's does not transport cash or dangerous goods (see reverse).

| Signature X  | Date         | Time    |
|--------------|--------------|---------|
| توقيع المرسل | DD / MM / YY | HH / MM |

For complaints, please contact us: [www.aramex.com/complaints](http://www.aramex.com/complaints)

### 4. TO (RECEIVER)

| Receiver's Account No. | رقم حساب المستلم | Receiver's Ref. | مرجع المستلم |
|------------------------|------------------|-----------------|--------------|
|                        | 12689-1          |                 |              |

| To (Receiver Name) | Phone No. | رقم الهاتف |
|--------------------|-----------|------------|
| إلى (المستلم)      | 7407000   |            |

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

| City | State/Province | ZIP/Postal Code | الرمز البريدي |
|------|----------------|-----------------|---------------|
|      |                |                 |               |

| City | State/Province | ZIP/Postal Code | الرمز البريدي |
|------|----------------|-----------------|---------------|
|      |                |                 |               |

| City | State/Province | ZIP/Postal Code | الرمز البريدي |
|------|----------------|-----------------|---------------|
|      |                |                 |               |

### 11. RECEIVER'S SIGNATURE & AUTHORIZATION

I warrant that Aramex's standard Conditions of Carriage apply to this shipment and limit Aramex's liability. The Warsaw Convention applies (see reverse). I/we understand that Aramex's does not transport cash or dangerous goods (see reverse).

| Receiver's Signature X | Date         | Time    |
|------------------------|--------------|---------|
| توقيع المستلم          | DD / MM / YY | HH / MM |

Name (Please Print)  
اسم المستلم

### 5. DESCRIPTION OF GOODS

| Declared Value | القيمة المصرح بها |
|----------------|-------------------|
|                |                   |

### 6. NOTES

ملاحظات

### 7. PRODUCT CLASSIFICATION

| Same Day                 | Overnight                | Deferred                 |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 8. ADDITIONAL SERVICES

| Return Service           | Cost of Goods            | Other                    |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 9. TRANSPORTATION CHARGES

| Bill Shipper             | Bill Receiver (Collect)  | Bill 3rd Party           |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 10. COST OF GOODS

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

Amount / القيمة