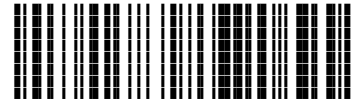


aramex

FORWARDER  
AIRWAYBILL

## 1 FROM (SHIPPER)

Shipper's Account No.		Shipper's Ref.	
130811973			
FROM (Your Name) Print Please		Phone Number	
no limits		00	
Company		Dept./Room No.	
no limits			
Street Address			
ainkawa			
City		State/Province	
Erbil		Erbil	
Country		ZIP/Postal Code	
IQ			

## 2 TO (RECEIVER)

Receiver's Account No.		Receiver's Ref.	
To (Receiver Name) Print Please		Phone Number(s)	
Grand Majidi Mall		00	
Company		Dept./Room No.	
Grand Majidi Mall			
Street Address			
Arbil			
City		State/Province	
Erbil		Erbil	
Country		ZIP/Postal Code	
Iraq			

## 3 SHIPPER'S SIGNATURE &amp; AUTHORIZATION

Shipper's no limits		Date	Time
Signature (Required) X		08/12/2024	HH/MM
Received		Date	Time
			HH/MM
Collection Location		Collection Ref.	
<input checked="" type="checkbox"/> Shipper's Door <input type="checkbox"/> Aramex Terminal <input type="checkbox"/> Other			

ORG. STN DEST. STN

EBL

EBL

41171168032

## 4 SHIPMENT INFORMATION

No. of Pieces	Actual Weight	"Chargeable" Weight	Country of Manufacture
137	4,000.00KG	4,000.00 KG	IQ
Description of Goods/Harmonized Code:			Currency
clothes			USD
			0.00

## 5 SERVICES

PROD GRP	PROD TYP	DOMESTIC ROUTING
DOM	ONP	
SVC CODE	SVC CODE	

## 6 TRANSPORTATION CHARGES

Default to Shipper Account if Not Noted	Default to Receiver if Not Noted
Bill Shipper	<input type="checkbox"/> Bill Shipper Account (Free Domicile)
<input type="checkbox"/> Cash	<input type="checkbox"/> Bill Receiver
<input checked="" type="checkbox"/> Prepaid Stock	<input type="checkbox"/> Bill 3rd Party "Approved" Account
<input type="checkbox"/> Account	APP A/C No. _____
<input type="checkbox"/> Bill Receiver Account (Collect)	
A/C No. _____	
<input type="checkbox"/> Bill 3rd Party "Approved" Account	
APP A/C No. _____	
Transport/Svc Charges: _____	
<input type="checkbox"/>	
Currency: _____	

## 7 DUTIES AND TAXES

Default to Receiver if Not Noted
<input type="checkbox"/> Bill Shipper Account (Free Domicile)
<input type="checkbox"/> Bill Receiver
<input type="checkbox"/> Bill 3rd Party "Approved" Account
APP A/C No. _____
8 COST OF GOODS
No Charges if Not Noted
<input type="checkbox"/> Bill Receiver
<input type="checkbox"/> Bill 3rd Party "Approved" Account
APP A/C No. _____
Cost of Goods: 0.00
Currency: _____

## 9 RECEIVER SIGNATURE

Received above shipment in good order and condition	
Receiver's	Date
Signature (Required) X	DD / MM / YY
Name (Please Print)	Time
	HH / MM



GLOBAL DISTRIBUTION ALLIANCE