

# ARAB LEGEND COMP.

TO: Manager of our company  
FROM: BIAP office  
SUBJECT: Expenses CLEARANCE AND DELIVERY CHARGES  
CNEE STARLIGHT  
REFER: AWB#

DATE: 25-Feb-2025

501-17192862 1 PCs\51 KG

JOB#119

Descriptions	AMOUNT \$	AMOUNT PAID IN IQD
CLEARANCE FORMALITY WITH OFFLOADING	\$1,000	
		\$1,000

Driver Name:

Truck Type:

Truck Number:

Destination:



Prepared By  
BIAP Office Acc.



DRAFT

501|BRU|17192862



501-17192862

Shipper's Name and Address		Shipper's Account Number	Not Negotiable																																																																																																																																																																		
Levaco N.V. SANTVOORTBEEKLAAN 25 DEURNE ANTWERP 2100 BE TE +3232024858		Issued by SILK WAY WEST AIRLINES LLC HEYDAR ALIYEV INTERNATIONAL AIRPORT BAKU, AZ1044, AZERBAIJAN																																																																																																																																																																			
Consignee's Name and Address		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.																																																																																																																																																																			
		<p>It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.</p>																																																																																																																																																																			
Issuing Carrier's Agent Name and City		Accounting Information																																																																																																																																																																			
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To LGG	By First Carrier Routing and Destination GYD	to by BGW	to by 7L	Currency EUR	CHGS PP	WT/VAL X	Other PPD COLL X	Declared Value for Carriage NVD	Declared Value for Customs NCV																																																																																																																																																												
Airport of Destination BAGHDAD		Requested Flight/Date /07 /10		Amount of Insurance XXX		INSURANCE - If Carrier offers Insurance, and such Insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "amount of insurance".																																																																																																																																																															
Handling Information 7L4801/12																																																																																																																																																																					
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