

ARAB LEGEND COMPANY

TO: Manager of our company

DATE: 30-Oct-2025

FROM: BIAP office

SUBJECT: Expenses CLEARANCE AND DELIVERY CHARGES

Rate \$1=(1,420 IDs)

CNEE : STARLIGHT

REFER: AWB# 235-15626763

1 PCs\20 KG

JOB#924

Descriptions	AMOUNT \$	AMOUNT PAID IN IQD
CLEARANCE FORMALITY OF SPARE PAERTS	\$700	
TOTAL	\$700	

Driver Name:

Truck Type:

Truck Number:

Distination:



Prepared By
BIAP Office Acc.



AWB23515626763

Shipper's Name and Address

Shipper's account Number

Arab legend for general trading company
Baghdad international airport
Baghdad – Iraq

Consignee's Name and Address

Consignee's account number

Transway Airfreight GmbH
Mönchhofallee 14
D - 65479 Raunheim / Germany
phone: +49 (0) 6142 - 17773 0
fax: +49 (0) 6142 - 17773 90
mail: import@transway.de
EORI Number: DE3358216

Issuing Carrier's Agent Name and City

Starlight Airlines

Agent's IATA Code

Account No

Airport of Departure (Addr. Of first Carrier) and requested Routing

BGW Airport

Not negotiable
Air Waybill
(AIR CONSIGNMENT NOTE)

Issued by TK

Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity

It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carrier 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.

Accounting Information

DCL-165

Notify party

To	By first Carrier	To	By	To	By	Currency	CHGS Code	WT/VAL		Other		Declared Value for Carriage	Declared Value for Customs
						USD	PPD	PPD X	COLL	PPD X	COLL	NVD	NVC
Airport of Destination		Flight		Date		Amount of Insurance			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"				
FRA Airport						NIL							

Handling information

HAWB number 00111633

SCI

No. Of Pieces RCP	Gross Weight	Kg lb	Rate Class	Chargeable weight	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
1 box	20 KG			36 KG	AS AGREED	AS AGREED	Consolidation as per attached manifest
	20 KG					AS AGREED	60X60X60 cm HS code 902620200000

Valuation

Charge

TAX

Other Charges

Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name in proper condition for carriage by air according to the applicable dangerous goods regulations.

Total other Charges Due Agent

Total other Charges Due Agent

Signature of Shipper or his Agent

235- 15626763

Executed or (Date)

29/10/25

At (Place)

Signature of Issuing Carrier or its Agent

Total Prepaid

Total Collect

AS AGREED

ORIGINAL 1 (FOR ISSUING CARRIER)