

# 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.



Shipper's Name and Address	Shipper's account Number
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Arab legend for general trading company  
Baghdad international airport  
Baghdad – Iraq

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

Consignee's Name and Address	Consignee's account number
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**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](mailto:import@transway.de)  
EORI Number: DE3358216

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.

Issuing Carrier's Agent Name and City

Starlight Airlines

Accounting Information

DCL-165

Notify party

Agent's IATA Code	Account No
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Airport of Departure (Addr. Of first Carrier) and requested Routing

**BGW Airport**

To	By first Carrier	To	By	To	By	Currency	CHGS Code	WT/VAL		Other		Declared Value for Carriage	Declared Value for Customs
								PPD	X	PPD	X		
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"		NVC	SCI

Handling information

HAWB number **00111633**

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	<b>20 KG</b>			36 KG	<b>AS AGREED</b>	<b>AS AGREED</b>	Consolidation as per attached manifest		
	<b>20 KG</b>						60X60X60 cm HS code 902620200000		

Valuation	Charge	Other Charges
	TAX	
Total other Charges Due Agent		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 is in proper condition for carriage by air according to the applicable dangerous goods regulations.
Total other Charges Due Agent		
Total Prepaid	Total Collect	Signature of Shipper or his Agent
<b>AS AGREED</b>		235- 15626763
Executed or (Date)	29/10/25	At (Place)
		Signature of Issuing Carrier or its Agent

**ORIGINAL 1 (FOR ISSUING CARRIER)**