

ARAB LEGEND COMP.

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

DATE: 8-May-2025

235-13036553 11 PCs\266 KG

JOB#359

Descriptions	AMOUNT \$	AMOUNT PAID IN IQD
CLEARANCE FORMALITY WITH OFFLOADING	\$1,300	
	TOTAL	\$1,300

Driver Name:

Truck Type:

Truck Number:

Distinati



Prepared By
BIAP Office Acc.



Shipper's Name and Address		Shipper's account Number		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		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.													
Draeger Safety AG&Co. KGaA. Building 25 – 5th Floor Dubai Healthcare City Dubai – United Arab Emirates PO.Box 50108 www.draeger.com abdelmajid.awad@draeger.com Tel +971 4 429 4699 – Ext 645 Mobile +971 52 914 9973																	
Issuing Carrier's Agent Name and City Starlight airline		Accounting Information															
Agent's IATA Code		Account No															
Airport of Departure (Addr. Of first Carrier) and requested Routing BGW																	
To IST	By first Carrier TK		To DWC	By TK	To 	By 	Curre ncy USD	CHGS Code PPD	WT/VAL		Other		Declared Value for Carriage NVD	Declared Value for Customs NVC			
									PPD X	COLL X	PPD X	COLL X					
Airport of Destination DWC		Flight		Date		Amount of Insurance NIL				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														SCI			
No. Of Pieces RCF	Gross Weight	Kg lb	Rate Class	Chargeable weight	Rate Charge	Total		Nature and Quantity of Goods (incl. Dimensions or Volume)									
11	266	K		293	As Agreed	As Agreed		LABORATORY EQUIPMENT HS902000//HS392330//HS650610 HS392620//HS902710//HS841420 HS848110//HS621010HS86410110 HS902300//HS940320//961800 75x50x30 cm*2 70x50x50 cm 40x32x33 cm 60x60x30 cm 55x40x45 cm 65x65x70 cm*2 100x50x55 cm 135x25x40 cm 70x30x50 cm									
11	266																
Valuation		Charge		TAX		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																	
Total Prepaid		Total Collect		Signature of Shipper or his Agent 235 - 13036553													
As agreed				Executed on 12- (Date) May		At (Place) Erbil						Signature of Issuing Carrier or its Agent					

ORIGINAL 2 (FOR CONSIGNEE)