

ARAB LEGEND COMPANY

TO: Manager of our company

DATE: 9-Dec-2025

FROM: BIAP office

SUBJECT: Expenses CLEARANCE AND DELIVERY CHARGES

Rate \$1=(1,420 IDs)

CNEE : STARLIGH

REFER: AWB# 235-15787833

1 PCs\100 KG

JOB#1097

Descriptions	AMOUNT \$	AMOUNT PAID IN IQD
CLEARANCE FORMALITY OF SPARE PAERTS	\$1,000	
TOTAL	\$1,000	

Driver Name:

Truck Type:

Truck Number:

Distination:

Prepared By
BIAP Office Acc.



Shipper's Name and Address

Shipper's account Number

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

ANCHOR EXPRESS, INC.
630 SUPREME DR
60106 BENSENVILLE, IL
airimport@anchorexpressinc.com
Tel: +1-630-616-555

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

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

BGW Airport

To

By first Carrier

To

By

To

By

Curre
ncyCHGS
Code

WT/VAL

Other

Declared
Value for
CarriageDeclared Value for
Customs

USD

PPD

PPD
X

COLL

PPD
X

COLL

NVD

NVC

Airport of Destination

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"

IAH Airport

Handling information

HAWB number **00111634**

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	100 KG			100 KG	AS AGREED	AS AGREED	Consolidation as per attached manifest
	100 KG					AS AGREED	65 cm x 95cm x55 cm
Valuation		Charge		Other Charges			
		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 is 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			
Total Prepaid		Total Collect		235- 15787833			
AS AGREED				Executed or (Date)	7/12/25	At (Place)	Signature of Issuing Carrier or its Agent

ORIGINAL 1 (FOR ISSUING CARRIER)