

# ARAB LEGEND COMPANY

TO: Manager of our company

DATE: 27-Jan-2026

FROM: BIAP office

SUBJECT: Expenses CLEARANCE AND DELIVERY CHARGES

Rate \$1=( 1,450 IDs)

CNEE : STARLIGHT\MASS

REFER: AWB# 235-15960630

2 PCs\146 KG

JOB#1272

| 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<br>STARLIGHT AIRLINES<br>Dream City ( No. 1176 ),<br>Erbil, Iraq                  |                  | Shipper's account Number          |            | Not negotiable<br><b>Air Waybill</b><br>(AIR CONSIGNMENT NOTE)<br><br>Issued by TK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                |                                                                                                                 |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   |     |  |
|                                                                                                              |                  |                                   |            | Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                |                                                                                                                 |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   |     |  |
| Consignee's Name and Address<br>Transway Airfreight GmbH<br>Mönchhofallee 14<br>D – 65479 Raunheim / Germany |                  | 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. |             |                                |                                                                                                                 |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   |     |  |
| Issuing Carrier's Agent Name and City<br><br>Starlight Airlines<br>Erbil, Iraq                               |                  |                                   |            | Accounting Information<br><br>DCL-165                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                |                                                                                                                 |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   |     |  |
| Agent's IATA Code                                                                                            |                  | Account No                        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                |                                                                                                                 |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   |     |  |
| Airport of Departure (Addr. Of first Carrier) and requested Routing<br><b>BGW Airport</b>                    |                  |                                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                |                                                                                                                 |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   |     |  |
| To                                                                                                           | By first Carrier |                                   | To         | By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | To          | By                             | Currency<br>USD                                                                                                 | CHGS Code<br>PPD | WT/VAL<br>PPD X COLL |                                                                                                                                                                                                  | Other<br>PPD X COLL |                                           | Declared Value for Carriage<br>NVD | Declared Value for Customs<br>NVC |     |  |
| Airport of Destination<br><b>FRA Airport</b>                                                                 |                  | Flight<br>TK61<br>23              |            | Date<br>27-<br>Jan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | Amount of Insurance<br><br>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<br>HAWB STL 0011626                                                                     |                  |                                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                |                                                                                                                 |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   | 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)                                                       |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   |     |  |
| 2                                                                                                            | 146 Kg           | Kg                                |            | 146 Kg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AS AGREED   | AS AGREED                      | Cylindrical Filter<br>Conical Filter<br>63 kg 97x57x93 cm<br>83 kg 95x82x120 cm<br>HS code: <b>842139000001</b> |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   |     |  |
| 2                                                                                                            | 146 Kg           |                                   |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | AS AGREED                      |                                                                                                                 |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   |     |  |
| 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 -15960630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                |                                                                                                                 |                  |                      |                                                                                                                                                                                                  |                     |                                           |                                    |                                   |     |  |
| AS AGREED                                                                                                    |                  |                                   |            | Executed or (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | 12/Jan/26                      |                                                                                                                 | At (Place)       |                      | EBL                                                                                                                                                                                              |                     | Signature of Issuing Carrier or its Agent |                                    |                                   |     |  |

ORIGINAL 1 (FOR ISSUING CARRIER)