



1 FROM (SHIPPER)

Shipper's Account No.	Shipper's Ref.
FROM (Your Name) Print Please Tatiana Silva	Phone Number 441252601486 Toll Free Code Area Code
Company Sondex Wireline Limited	Local No. Dept./Room No.
Street Address Cody technology park Building X107, Range Road	
City Farnborough	
Country GB	State/Province ZIP/Postal Code GU14 0FG

2 TO (RECEIVER)

Receiver's Account No. 130811973	Receiver's Ref. IMIQ16715
To (Receiver Name) Print Please ALA AKRAM	Phone Number(s) 9647518103857
Company STARLIGHT AIRLINES	Dept./Room No.
Street Address Erbil, Dream City Villa No. 1176	
City Erbil	
Country Iraq	State/Province ZIP/Postal Code Erbil

3 SHIPPER'S SIGNATURE & AUTHORIZATION

Shipper's Tatiana Silva Signature (Required) <input checked="" type="checkbox"/>	Date 02/27/2025	Time HH/MM
Received	Date	Time HH/MM
Collection Location <input type="checkbox"/> Shipper's Door <input type="checkbox"/> Aramex Terminal <input checked="" type="checkbox"/> Other	Collection Ref.	

ORG. STN	DEST. STN
LON	EBL

31301039081

4 SHIPMENT INFORMATION

No. of Pieces	Actual Weight	"Chargeable" Weight	Country of Manufacture
1	0.46KG	0.46	KG
Description of Goods/Harmonized Code: Spare parts			Customs Value 1,330.00
			Currency USD

5 SERVICES

PROD GRP	PROD TYP	
EXP	PPX	
SVC CODE	SVC CODE	SVC CODE

DOMESTIC ROUTING

6 TRANSPORTATION CHARGES

Default to Shipper Account if Not Noted

Bill Shipper

- Cash
- Prepaid Stock
- Account

Bill Receiver Account (Collect)

A/C No. _____

Bill 3rd Party "Approved" Account

APP A/C No. _____

Transport/Svc Charges: _____

Currency: _____

7 DUTIES AND TAXES

Default to Receiver if not Noted

Bill Shipper Account (Freight)

Bill Receiver

Bill 3rd Party "Approved" Account

APP A/C No. _____

No Charges if not Noted

Bill Receiver

Bill 3rd Party "Approved" Account

APP A/C No. _____

Cost of Goods: **0.00**

Currency: _____

8 COST OF GOODS

Received above shipment in good order and condition

Receiver's

Signature (Required)

Name (Please Print)

Date _____

Time _____

Date _____

Time _____



GLOBAL DISTRIBUTION ALLIANCE

9 RECEIVER SIGNATURE

Received above shipment in good order and condition

Receiver's

Signature (Required)

Name (Please Print)

Date _____

Time _____

Date _____

Time _____