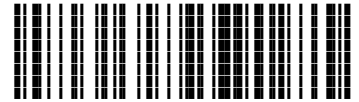


aramex

FORWARDER
AIRWAYBILL

1 FROM (SHIPPER)

Shipper's Account No. 130811973		Shipper's Ref.	
FROM (Your Name) Print Please navanja liyana		Phone Number 971551052470	
Company TRINITY HYDRAULIC PROJECTS LLC		Local No. Dept./Room No.	
Street Address PO BOX:8807, DUBAI, UAE			
City Dubai		State/Province Dubai	
Country AE		ZIP/Postal Code	

2 TO (RECEIVER)

Receiver's Account No. 130811973		Receiver's Ref. IMI18692	
To (Receiver Name) Print Please NOVOMET FZE		Phone Number(s) 9647517418862	
Company NOVOMET FZE		Dept./Room No.	
Street Address MORTAKA DISTRICT - NEW KIRKUK ROAD, BLACK LAKE CAMP, ERBIL, KURDISTAN, IRAQ			
City Erbil		State/Province Erbil	
Country Iraq		ZIP/Postal Code	

3 SHIPPER'S SIGNATURE & AUTHORIZATION

Shipper's navanja liyana		Date	Time
Signature (Required) X		12/10/2025	HH / MM
Received		Date	Time
			HH / MM
Collection Location <input checked="" type="checkbox"/> Shipper's Door <input type="checkbox"/> Aramex Terminal <input type="checkbox"/> Other		Collection Ref.	

ORG. STN DEST. STN

DXB

EBL

35677039451

4 SHIPMENT INFORMATION

No. of Pieces 1	"Actual" Weight 39.08KG	"Chargeable" Weight 39.08 KG	Country of Manufacture AE
Description of Goods/Harmonized Code: GUIDE PLATE SRUD, THE RUST INSERT LOCKER			Customs Value 10,186.00
			Currency AED

5 SERVICES

PROD GRP EXP	PROD TYP DPX	DOMESTIC ROUTING
SVC CODE	SVC CODE	SVC CODE

6 TRANSPORTATION CHARGES

Default to Shipper Account if Not Noted		Default to Receiver if Not Noted	
<input type="checkbox"/> Bill Shipper		<input type="checkbox"/> Bill Shipper Account (Free Domicile)	
<input type="checkbox"/> Cash		<input type="checkbox"/> Bill Receiver	
<input type="checkbox"/> Prepaid Stock		<input type="checkbox"/> Bill 3rd Party "Approved" Account	
<input type="checkbox"/> Account		APP A/C No. _____	
<input checked="" type="checkbox"/> Bill Receiver Account (Collect)		8 COST OF GOODS	
A/C No. _____		No Charges if not Noted	
<input type="checkbox"/> Bill 3rd Party "Approved" Account		<input type="checkbox"/> Bill Receiver	
APP A/C No. _____		<input type="checkbox"/> Bill 3rd Party "Approved" Account	
Transport/Svc Charges: _____		APP A/C No. _____	
<input type="checkbox"/> Currency: _____		Cost of Goods: 0.00	
		Currency: _____	

9 RECEIVER SIGNATURE

Received above shipment in good order and condition		Date	Time
Receiver's Signature (Required) X		DD / MM / YY	HH / MM
Name (Please Print)			



GLOBAL DISTRIBUTION ALLIANCE