

WHITE SECTIONS ARE MANDATORY. PLEASE COMPLETE IN CAPITALS AND PRESS HARD.

1. Sender's Account Number

2. Invoice to Receiver

Cross box ☒ and provide receiver's account number or call Customer Service for correct account details

3. Customer Reference (Information you would like on the invoice (if required))

IQ3 920588

4. From (Collection Address)

Name: SAMIR ODEH& SONS FZCO  
Address: P.O.BOX 16836 JABEL ALI FREE Z  
ONE  
City: DUBAI Postal / Zip Code: 20000  
Province/Region: Country/Territory: AE  
Contact Name: Tel. No.: 0097148 816042

5. To (Receiver)

Name: STARLIGHT MARITIME  
Address: ERBIL, DREAM CITY VILLA NO. 11  
76 WE CANNOT DELIVER TO P. O. BOX NUMBERS  
City: ERBIL Postal / Zip Code:  
Province/Region: Country/Territory:IQ  
Contact Name: ALA AKRAM Tel. No.: 0751810 3857

6. Delivery Address (If different from receiver's address above)

Name:  
Address:  
WE CANNOT DELIVER TO P. O. BOX NUMBERS  
City: Postal / Zip Code:  
Province/Region: Country/Territory:  
Contact Name: Tel. No.:

7. Dangerous Goods (Cross correct box)

Does this consignment contain any dangerous goods? If yes, please call our Customer Service. Yes ☐ No ☒

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE  
Your Signature Received by TNT (to be completed by TNT)

Date: (Day/Month/Year) Date: Time:



GD 328293722 WW

Please quote this Number if you have an enquiry.

8a. Services (Cross one box only to select a Service)

	Documents	Non-Documents
Special Express	<input type="checkbox"/>	<input type="checkbox"/>
9:00 Express	<input type="checkbox"/>	<input type="checkbox"/>
10:00 Express	<input type="checkbox"/>	<input type="checkbox"/>
12:00 Express	<input type="checkbox"/>	<input type="checkbox"/>
Express	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12:00 Economy Express	<input type="checkbox"/>	<input type="checkbox"/>
Economy Express	<input type="checkbox"/>	<input type="checkbox"/>

Please contact Customer Service to arrange shipment. For contact and service details, please see brochure. If no service is selected, the Express service will be provided and invoiced.

8b. Options (Cross boxes)

Priority ☐  
Priority handling from pickup to delivery  
For Express and Economy Express

Insurance ☐  
For documents and non-documents  
subject to condition 16 on reverse

Currency ☐ Please provide insurance details

Insured amount for non-documents only ☐

9. Special Delivery Instructions (Reserved for your instructions (if required))

10. Goods Descriptions (If dutiable please complete section 11)

General Description Please put full details on commercial invoice	Number of Items	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
SCREW	1	Kilos	Grams	20 centimeters	17 centimeters	17 centimeters
		Kilos	Grams	Centimeters	Centimeters	Centimeters
		Kilos	Grams	Centimeters	Centimeters	Centimeters
		Kilos	Grams	Centimeters	Centimeters	Centimeters
Stat. No.	Total	1	0 Kilos 50 Grams	Consignment subject to volumetric measurement Please refer to our brochure or call Customer Service		

11. Dutiable Shipment Details (Complete for dutiable consignments)

Receiver's VAT / TVA / BTW / MWST No.

Currency Invoice value of dutiables

SENDER'S COPY

Please keep for Reference

1. Sender's Account Number

2. Invoice to Receiver

☐

Receiver's account number

SENDER LIABLE FOR UNPAID CHARGES

3. Customer Reference

IQ3 920588

4. From (Collection Address)

Name:

SAMIR ODEH& SONS FZCO

Address:

P.O.BOX 16836 JABEL ALI FREE ZONE

City:

DUBAI

Postal / Zip Code:

20000

Province/Region:

Country/Territory:

AE

Contact Name:

Tel. No.:

0097148 816042

5. To (Receiver)

Name:

STARLIGHT MARITIME

Address:

ERBIL, DREAM CITY VILLA NO. 1176

City:

ERBIL

Postal / Zip Code:

Province/Region:

Country/Territory:

IQ

Contact Name:

ALA AKRAM

Tel. No.:

0751810 3857

6. Delivery Address

Name:

Address:

City:

Postal / Zip Code:

Province/Region:

Country/Territory:

Contact Name:

Tel. No.:

7. Dangerous Goods

Does this consignment contain any dangerous goods?

Yes ☐

No ☒

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE

Your Signature

Date:

(Day/Month/Year)

Received by TNT

Date:

Time:

Sending Depot

DX7

Receiving Depot

IQ3



GD 328293722 WW

Please quote this Number if you have an enquiry.

8a. Services

Special Express

9:00 Express

10:00 Express

12:00 Express

Express

12:00 Economy Express

Economy Express

Documents

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☐

☐

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Non-Documents

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☐

8b. Options

Priority

☐

Insurance

☐

9. Special Delivery Instructions

10. Goods Descriptions

General Description	Number of Items	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
SCREW	1			20	17	17
Stat. No.	Total	1	0	50	Volume:	
OPS verify:					Volume: Weights:	

11. Dutiable Shipment Details

Receiver's VAT / IVA / BTW / MWST No.

RECEIVER'S COPY



1. Sender's Account Number	
2. Invoice to Receiver	SENDER LIABLE FOR UNPAID CHARGES
<input checked="" type="checkbox"/> Receiver's account number	
3. Customer Reference	
IQ3 920588	

4. From (Collection Address)	
Name:	SAMIR ODEH& SONS FZCO
Address:	P.O.BOX 16836 JABEL ALI FREE Z ONE
City:	DUBAI
Postal / Zip Code:	20000
Province/Region:	Country/Territory:AE
Contact Name:	Tel. No.: 0097148 816042

5. To (Receiver)	
Name:	STARLIGHT MARITIME
Address:	ERBIL, DREAM CITY VILLA NO. 11 76
City:	ERBIL
Postal / Zip Code:	
Province/Region:	Country/Territory:IQ
Contact Name:	ALA AKRAM
	Tel. No.: 0751810 3857

6. Delivery Address	
Name:	
Address:	
City:	Postal / Zip Code:
Province/Region:	Country/Territory:
Contact Name:	Tel. No.:

7. Dangerous Goods	
Does this consignment contain any dangerous goods?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE	
Your Signature	Received by TNT
Date: (Day/Month/Year)	Date: Time: :

Sending Depot	Receiving Depot
DX7	IQ3

	
GD 328293722	WW
Please quote this Number if you have an enquiry.	

8a. Services	8b. Options																																		
<table><tr><td></td><td>Documents</td><td>Non-Documents</td></tr><tr><td>Special Express</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>9:00 Express</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10:00 Express</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>12:00 Express</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Express</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr><tr><td>12:00 Economy Express</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Economy Express</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		Documents	Non-Documents	Special Express	<input type="checkbox"/>	<input type="checkbox"/>	9:00 Express	<input type="checkbox"/>	<input type="checkbox"/>	10:00 Express	<input type="checkbox"/>	<input type="checkbox"/>	12:00 Express	<input type="checkbox"/>	<input type="checkbox"/>	Express	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12:00 Economy Express	<input type="checkbox"/>	<input type="checkbox"/>	Economy Express	<input type="checkbox"/>	<input type="checkbox"/>	<table><tr><td>Priority</td><td><input type="checkbox"/></td></tr><tr><td>Insurance</td><td><input type="checkbox"/></td></tr><tr><td>Currency</td><td>Value</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Priority	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Currency	Value				
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9. Special Delivery Instructions

10. Goods Descriptions						
General Description	Number of Items	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
SCREW	1			20	17	17
Stat. No.	Total	1	0	50	Volume:	
OPS verify:					Volume: Weights:	

11. Dutiable Shipment Details		DATA PREP COPY Form 38-0101
Receiver's VAT / TVA / BTW / MWST No.		
Currency	Value	

1. Sender's Account Number

2. Invoice to Receiver

☐ X

Receiver's account number

SENDER LIABLE FOR UNPAID CHARGES

3. Customer Reference

IQ3 920588

4. From (Collection Address)

Name:

SAMIR ODEH& SONS FZCO

Address:

P.O.BOX 16836 JABEL ALI FREE Z ONE

City:

DUBAI

Postal / Zip Code:

20000

Province/Region:

Country/Territory:

AE

Contact Name:

Tel. No.:

0097148 816042

5. To (Receiver)

Name:

STARLIGHT MARITIME

Address:

ERBIL, DREAM CITY VILLA NO. 11 76

City:

ERBIL

Postal / Zip Code:

Province/Region:

Country/Territory:

IQ

Contact Name:

ALA AKRAM

Tel. No.:

0751810 3857

6. Delivery Address

Name:

Address:

City:

Postal / Zip Code:

Province/Region:

Country/Territory:

Contact Name:

Tel. No.:

7. Dangerous Goods

Does this consignment contain any dangerous goods? Yes ☐ No ☒

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE

Your Signature

Received by TNT

Date:

(Day/Month/Year)

Date:

Time:

Sending Depot

Receiving Depot

DX7

IQ3





GD 328293722 WW

Please quote this Number if you have an enquiry.

8a. Services

Special Express

9:00 Express

10:00 Express

12:00 Express

Express

12:00 Economy Express

Economy Express

Documents

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Non-Documents

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☐

8b. Options

Priority

☐

Insurance

Currency

Value

☐

9. Special Delivery Instructions

10. Goods Descriptions

General Description	Number of Items	Weight		Dimensions		
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SCREW	1			20	17	17
Stat. No.	Total	1	0	50	Volume:	
OPS verify:					Volume: Weights:	

11. Dutiable Shipment Details

Receiver's VAT / TVA / BTW / MWST No.

Currency

Value

INVOICE COPY



1. Sender's Account Number

2. Invoice to Receiver

SENDER LIABLE FOR UNPAID CHARGES

☒

Receiver's account number

3. Customer Reference

IQ3 920588

4. From (Collection Address)

Name: SAMIR ODEH& SONS FZCO

Address: P.O.BOX 16836 JABEL ALI FREE Z ONE

City: DUBAI

Postal / Zip Code:20000

Province/Region:

Country/Territory:AE

Contact Name:

Tel. No.: 0097148 816042

5. To (Receiver)

Name: STARLIGHT MARITIME

Address: ERBIL, DREAM CITY VILLA NO. 11 76

City: ERBIL

Postal / Zip Code:

Province/Region:

Country/Territory:IQ

Contact Name: ALA AKRAM

Tel. No.: 0751810 3857

6. Delivery Address

Name:

Address:

City:

Postal / Zip Code:

Province/Region:

Country/Territory:

Contact Name:

Tel. No.:

7. Dangerous Goods

Does this consignment contain any dangerous goods? Yes ☐ No ☒

CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE

Your Signature

Date: (Day/Month/Year)

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Sending Depot

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GD 328293722 WW

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8a. Services

Documents

Non-Documents

Special Express

9:00 Express

10:00 Express

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Express

12:00 Economy Express

Economy Express

Priority

Insurance



9. Special Delivery Instructions

10. Goods Descriptions

General Description	Number of Items	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
SCREW	1			20	17	17
Stat. No.	Total	1	0	50	Volume:	
OPS verify:				Volume: Weights:		

11. Dutiable Shipment Details

Receiver's VAT / TVA / BTW / MWST No.

Currency

Value

CUSTOMS COPY