

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 919308

4. From (Collection Address)

Name: GUTOR ELECTRONIC LLC

Address: HARDSTRASSE 72

City: WETTINGEN

Postal / Zip Code: 5430

Province/Region:

Country/Territory: CH

Contact Name: DANIELA.TONEATTI

Tel. No.: 41564 376329

5. To (Receiver)

Name: STARLIGHT MARITIME

Address: SULAIMANIYA, AIRPORT

WE CANNOT DELIVER
TO P. O. BOX NUMBERS

City: ERBIL

Postal / Zip Code:

Province/Region:

Country/Territory: IQ

Contact Name: ALA AKRAM

Tel. No.: 751810 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:

Time:

Time:



GD 326558234 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



9:00 Express



10:00 Express



12:00 Express



Express



12:00 Economy Express



Economy Express



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	Centimeters	Centimeters	Centimeters
SPEAR PART	1					
Stat. No.	Total	1	1 Kilos	0 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.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SENDER'S COPY

Please keep for Reference



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 919308		

4. From (Collection Address)		
Name:	GUTOR ELECTRONIC LLC	
Address:	HARDSTRASSE 72	
City:	WETTINGEN	Postal / Zip Code: 5430
Province/Region:	Country/Territory: CH	
Contact Name:	DANIELA.TONEATTI	Tel. No.: 41564 376329

5. To (Receiver)		
Name:	STARLIGHT MARITIME	
Address:	SULAIMANIYA, AIRPORT	
City:	ERBIL	Postal / Zip Code:
Province/Region:	Country/Territory: IQ	
Contact Name:	ALA AKRAM	Tel. No.: 751810 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
ZDB

Receiving Depot
IQ3



GD 326558234 WW
Please quote this Number if you have an enquiry.

8a. Services		8b. Options	
Special Express	Documents <input type="checkbox"/>	Non-Documents <input type="checkbox"/>	Priority <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"/>	

9. Special Delivery Instructions	

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

11. Dutiable Shipment Details	
Receiver SVAT / IVA / BTW / MWST No.	
087546785434563464645647572513554	
087546785434563464645647572513554	
087546785434563464645647572513554	
087546785434563464645647572513554	
RECEIVER'S COPY	



1. Sender's Account Number

SENDER LIABLE FOR UNPAID CHARGES

2. Invoice to Receiver

Receiver's account number

3. Customer Reference

IQ3 919308

4. From (Collection Address)

Name: GUTOR ELECTRONIC LLC

Address: HARDSTRASSE 72

City: WETTINGEN

Postal / Zip Code: 5430

Province/Region:

Country/Territory: CH

Contact Name: DANIELA.TONEATTI

Tel. No.: 41564 376329

5. To (Receiver)

Name: STARLIGHT MARITIME

Address: SULAIMANIYA, AIRPORT

City: ERBIL

Postal / Zip Code:

Province/Region:

Country/Territory: IQ

Contact Name: ALA AKRAM

Tel. No.: 751810 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

ZDB

IQ3



GD 326558234 WW

Please quote this Number if you have an enquiry.

8a. Services

	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"/>

8b. Options

Priority	<input type="checkbox"/>
Insurance	<input type="checkbox"/>

9. Special Delivery Instructions

10. Goods Descriptions

General Description	Number of items	Weight			Dimensions		
		Kilos	Grams	Length	Width	Height	
SPEAR PART	1						

Stat. No. Total 1 1 0 Volume:

OPS verify: Volume: Weights:

11. Dutiable Shipment Details

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

Currency

Value

DATA PREP
COPY
Form 38-0101

1. Sender's Account Number	<input type="text"/>	
2. Invoice to Receiver	SENDER LIABLE FOR UNPAID CHARGES	
<input checked="" type="checkbox"/>	Receiver's account number	<input type="text"/>
3. Customer Reference	<input type="text"/> IQ3 919308	

4. From (Collection Address)			
Name:	GUTOR ELECTRONIC LLC		
Address:	HARDSTRASSE 72		
City:	WETTINGEN	Postal / Zip Code:	5430
Province/Region:		Country/Territory:	CH
Contact Name:	DANIELA.TONEATTI	Tel. No.:	41564 376329

5. To (Receiver)			
Name:	STARLIGHT MARITIME		
Address:	SULAIMANIYA, AIRPORT		
City:	ERBIL	Postal / Zip Code:	
Province/Region:		Country/Territory:	IQ
Contact Name:	ALA AKRAM	Tel. No.:	751810 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
ZDB	IQ3



GD 326558234 WW

Please quote this Number if you have an enquiry.

8a. Services

	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"/>

8b. Options

Priority	<input type="checkbox"/>
Insurance	<input type="checkbox"/>

Currency
Value

9. Special Delivery Instructions

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10. Goods Descriptions

General Description	Number of Items	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
SPEAR PART	1					
Stat. No.	Total	1	1	0	Volume:	
OPS verify:					Volume: Weights:	

11. Dutiable Shipment Details

Receiver's VAT / TVA / BTW / MWST No.	
Currency <input type="text"/>	Value <input type="text"/>

INVOICE 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 919308		

4. From (Collection Address)		
Name:	GUTOR ELECTRONIC LLC	
Address:	HARDSTRASSE 72	
City:	WETTINGEN	Postal / Zip Code: 5430
Province/Region:	Country/Territory: CH	
Contact Name:	DANIELA.TONEATTI Tel. No.: 41564 376329	

5. To (Receiver)		
Name:	STARLIGHT MARITIME	
Address:	SULAIMANIYA, AIRPORT	
City:	ERBIL	Postal / Zip Code:
Province/Region:	Country/Territory: IQ	
Contact Name:	ALA AKRAM Tel. No.: 751810 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
ZDB	IQ3



GD 326558234 WW

Please quote this Number if you have an enquiry.

8a. Services		8b. Options	
Special Express	Documents	Non-Documents	<input type="checkbox"/>
9:00 Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Express	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12:00 Economy Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economy Express	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Special Delivery Instructions		

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

11. Dutiable Shipment Details		
Receiver's VAT / TVA / BTW / MWST No.		
Currency _____ Value _____		

CUSTOMS COPY