WHITE SECTIONS	ARE MANDATORY. PLEASE COMPL	LETE IN CAPITALS AND PRESS HARD.										
1. Sender's A	ccount Number											
2. Invoice to Receiver  SENDER LIABLE FOR UNPAID CHARGES  Cross and provide receiver's account number										(LL)		
	call Customer Service for correct account de	etails										
3. Custome	Reference (Information)	you would like on the invoice (if required))	11									
BGW 903225												
4. From (Coll	lection Address)											
Name:	VIAMED LTD		111			<b>     </b>						
Address:	15 STATION ROAD , CROS	S HILLS,						have an er	quiry.			
	KEIGHLEY		8a. Services	(Cross one b	ox only	to selec	rt a Servi	ce)	8b. Op	tions (Cro	ss boxes)	
				•	Do	cuments		cuments		· ·	· ·	
City:	KEIGHLEY	Postal / Zip Code: BD20 7DT	Sp	pecial Expres					Prior	<b>ity</b> ndling from pickup to	deliven	
Province/Region	n:	Country: GB		9:00 Expres	S		j		For Expres	and Economy Expres	s	
Contact Name:	VIAMED LTD	Tel. No.: 1535634 542		10:00 Expres	S		ĺ		Enha	nced		
5. To (Receiv	er)		1	12:00 Express	S				Liabi	lity ents and non-docume		
Name:	AL NAFATH			Expres	SS			X	subject to reverse	Terms and Condition	on	
Address:	HAY BABIL- KARRADA,		12:00 Econ	omy Express	5				Curr	ency		
	WE CAN	NOT DELIVER	Ecor	nomy Expres	S				Insured a	mount for non-doc	uments only	
	TO P. O. BO	X NUMBERS		ustomer Service to arrai				tails, please se	2			
City:	BAGHDAD	Postal / Zip Code:	9. Special D	Delivery Inst	ruction	ns (Rese	erved fo	r your ir	structions	(if require	ed))	
Province/Region	n:	Country: IQ										
Contact Name:	KHALID NATIQ	Tel. No.: 0770345 6314										
6. Delivery	Address (If different from	receiver's address above)	10. Goods	Description	s (If dut	iable p	lease co	mplete	section 11	)		
Name:			General Desc Please put full des	ription	ial invole	Number		ight		Dimension		
Address:					lai ilivoice	or items	Kilos	Grams	Length	Width	Height	
			RVM149931-	1		1	KIIOS	Grams	Centimeters	Centimeters	Centimeters	
							Kilos	Grams	Centimeters	Centimeters	Centimeters	
City:		Postal / Zip Code:					Kilos	Grams	Centimeters	Centimeters	Centimeters	
Province/Region	n:	Country:					Kilos	Grams	Centimeters	Centimeters	Continuators	
Contact Name:		Tel. No.:					KIIOS			ect to volumetric m	Centimeters	
	s Goods (Cross correct bo		Stat. No.		Total	1	1 <sup>Kilos</sup>	6 <sup>rams</sup>	Please	ect to volumetric in e refer to our broch all Customer Service	ure or	
	signment contain any dang our Customer Service.	gerous goods? If Yes No X	11. Dutiabl	le Shipment	Detail	s (Com	plete for	r dutiab	le consign	ments)		
CARRIAGE OF TH		HE TERMS AND CONDITIONS ON THE REVERSE	Receiver's VAT	/ TVA / BTW / M	WST No.							
Your Signature		Received by TNT (to be completed by TNT)			$\top$					IDER'S CO		
	(Day/Month/Year)	Date:	Currency				C. C. C. L.		Please keep for Reference			
Date:		Date: Time:	Currency									

2. Invoice to  X  3. Customer  BGW 90322  4. From (Coll	Reference 5 ection Address)	SENDER LIABLE FOR UNPAID CHARGES	Sending Dep BA4	BGW					N N	T
Name: Address:	VIAMED LTD 15 STATION ROAD , CROSS HI KEIGHLEY	LLS,	GD 328586510 WW Please quote this Number if you have an enquiry.  8a. Services 8b. Options							
City: Province/Region Contact Name:		Postal / Zip Code:BD20 7DT Country: GB Tel. No.: 1535634 542		Special Express 9:00 Express 10:00 Express	Documents	Non-Do	ocuments	Prio	ority nanced	
5. To (Receive Name: Address:	er) AL NAFATH HAY BABIL- KARRADA,			12:00 Express Express conomy Express Economy Express			X X	For doc	Dility uments and non-docur to Terms and Conditio	ments ons on
City:	BAGHDAD	Postal / Zip Code:	9. Specia	al Delivery Instructio	ns					
Province/Regior Contact Name:	n: KHALID NATIQ	Country: IQ Tel. No.: 0770345 6314								
6. Delivery A	ddress			ds Descriptions						
Name:			General	Description	Number of Items	Kilos	right Grams	Length	Dimension Width	1S Height
Address:			RVM14993	31-1	1					
City:		Postal / Zip Code:								
Province/Region	ո։	Country:								
Contact Name:		Tel. No.:								
7. Dangerou	s Goods		Stat. No.	Tota	1	1	0	Volume:		
Does this consigr	nment contain any dangerous go	ods? Yes No X		OPS verify:				Volume: Weights:		
CARRIAGE OF THIS OF Your Signature  Date:		RMS AND CONDITIONS ON THE REVERSE Received by TNT  Date: Time: :		able Shipment Detai		7570 7572	51355	RE	CEIVER'S	COPY

1. Sender's Account Number 2. Invoice to Receiver Receiver's account number	Sending Depot Receiving Depot BA4 BGW			<b>D</b>	N	<b>D</b>
3. Customer Reference  BGW 903225  4. From (Collection Address)						
Name: VIAMED LTD Address: 15 STATION ROAD , CROSS HILLS, KEIGHLEY		28586510 lote this Number if		• •	tions	
City: KEIGHLEY Postal / Zip Code: BD20 7DT Province/Region: Country: GB Contact Name: VIAMED LTD Tel. No.: 1535634 542  5. To (Receiver)  Name: AL NAFATH Address: HAY BABIL- KARRADA,		ocuments Nor	X	Priori Enha Liabil	ity	Value
City: BAGHDAD Postal / Zip Code: Province/Region: Country: IQ Contact Name: KHALID NATIQ Tel. No.: 0770345 6314	9. Special Delivery Instructions	5				
6. Delivery Address	10. Goods Descriptions					
Name:	General Description	Number \	Veight		Dimension	ıs
Address:	RVM149931-1	of Items Kilo	s Grams	Length	Width	Height
City: Postal / Zip Code: Province/Region: Country: Contact Name: Tel. No.:						
7. Dangerous Goods	Stat. No. Total	1 1	0	Volume:		
Does this consignment contain any dangerous goods?  Yes No X	OPS verify:			Volume: Weights:		
CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE	11. Dutiable Shipment Details		1	_		
Your Signature Received by TNT  Date: (Day/Month/Year) Date: Time: :	Receiver's VAT / TVA / BTW / MWST No.  Currency Value			D.	ATA PRE COPY Form 38-010	

1. Sender's A 2. Invoice to	ccount Number Receiver Receiver's account number	SENDER LIABLE FOR UNPAID CHARGES	Sending Depo	t Receiving De	pot				T	N	T	
3. Customer												
BGW 90322	5											
4. From (Coll	ection Address)											
Name:	VIAMED LTD	W. I. C.							ļ			
Address:	15 STATION ROAD , CROSS H KEIGHLEY	IILLS,	GD 328586510 WW  Please quote this Number if you have an enquiry.									
	KEIGHEET		8a. Servic	05	ricus	e quote tili	3 IVUITIBET II	r you nave t	8b. Op	tions		
			oa. Servic	es	Do	ocuments	Non-Do	cuments	$\neg \overline{}$			
City:	KEIGHLEY	Postal / Zip Code:BD20 7DT		Special Ex			]		Prio	rity		
Province/Region	ո։	Country: GB		9:00 Ex	press	Ħ	[	=				
Contact Name:	VIAMED LTD	Tel. No.: 1535634 542		10:00 Ex	press	H	ا [	=	Enha			
5. To (Receiv	er)			12:00 Ex	press	H	[	=	Liabi	lity ents and non-docume	nts	
Name:	AL NAFATH				kpress	H	<u>[</u>	X	subject to ' reverse	Terms and Conditions	on	
Address:	HAY BABIL- KARRADA,		12:00 Ec	onomy Ex		ш	L [	$\stackrel{\sim}{\dashv}$	Currency		Value	
				onomy Ex			<u> </u> 	=			value	
				,	J		l					
City:	BAGHDAD	Postal / Zip Code:	0 Special	Dolivon	nstructions							
Province/Region		Country: IQ	9. Special	Delivery I	istructions	•						
•	 KHALID NATIQ	Tel. No.: 0770345 6314										
	-	Tel. No.: 0770343 0314										
6. Delivery A	ddress			s Descripti								
Name:			General D	escription	ı	Number of Items	Kilos	ight Grams	Length [	Dimension Width	S Height	
Address:			RVM14993	1 1		1	Itilos	Giullis	Ecngari	Widdi	ricigni	
			KVIVI14993	1-1		1						
City:		Postal / Zip Code:										
Province/Region	n:	Country:										
Contact Name:		Tel. No.:										
7. Dangerou	s Goods		Stat. No.		Total	1	1	0	Volume:			
Does this consi	gnment contain any dangero	us goods? Yes No X		OPS vei	ify:				Volume: Weights:			
	CONSIGNMENT IS SUBJECT TO THE T	ERMS AND CONDITIONS ON THE REVERSE			ent Details	<u> </u>		<u> </u>				
Your Signature		Received by TNT	Receiver's VAT /	TVA / BTW / MW	T No.							
					Value				11	AVOICE C	OPY	
Date:	(Day/Month/Year)	Date: Time: :										

Sender's Account Number     Invoice to Receiver	Sending Depot Receiving Depot BGW		TNT)
Receiver's account number	DAT DOW		
3. Customer Reference			
BGW 903225			
4. From (Collection Address)			
Name: VIAMED LTD			
Address: 15 STATION ROAD , CROSS HILLS,		8586510 WW e this Number if you have an en	
KEIGHLEY	8a. Services	this realiser if you have arren	8b. Options
		iments Non-Documents	
City: KEIGHLEY Postal / Zip Code: BD20 7DT	Special Express		Priority
Province/Region: Country: GB	9:00 Express	<b>T T</b>	
Contact Name: VIAMED LTD Tel. No.: 1535634 542	10:00 Express		Enhanced
5. To (Receiver)	12:00 Express		Liability For documents and non-documents
Name: AL NAFATH	Express	X	subject to Terms and Conditions on reverse
Address: HAY BABIL- KARRADA,	12:00 Economy Express		
	Economy Express		78957958057807658 7897850858888888
			10390020398087696
City: BAGHDAD Postal / Zip Code:	9. Special Delivery Instructions		
Province/Region: Country: IQ			
Contact Name: KHALID NATIQ Tel. No.: 0770345 6314			
6. Delivery Address	10. Goods Descriptions		
Name:		Number Weight of Items Kilos Grams	Dimensions  Length Width Height
Address:	RVM149931-1	ı	
City: Postal / Zip Code:			
Province/Region: Country:  Contact Name: Tel. No.:			
	Stat. No. Total 1	1 0	Volume:
7. Dangerous Goods  Does this consignment contain any dangerous goods?  Yes No X	OPS verify:	1 0	Volume:
CARRIAGE OF THIS CONSIGNMENT IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE	11. Dutiable Shipment Details		Weights:
Your Signature Received by TNT	Receiver's VAT / TVA / BTW / MWST No.		7
	Currency Value		CUSTOMS COPY
Date: (Day/Month/Year) Date: Time:			