

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

1. Sender's Account Number

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2. Invoice to Receiver

SENDER LIABLE FOR UNPAID CHARGES

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))

BGW 903225

4. From (Collection Address)

Name: VIAMED LTD  
Address: 15 STATION ROAD, CROSS HILLS,  
KEIGHLEY

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,

WE CANNOT DELIVER  
TO P. O. BOX NUMBERS

City: BAGHDAD Postal / Zip Code:  
Province/Region: Country: IQ  
Contact Name: KHALID NATIQ Tel. No.: 0770345 6314

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:  
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 328586510 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"/>
Economy Express		<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

Enhanced Liability ☐  
For documents and non-documents  
subject to Terms and Conditions on  
reverse

Currency

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
RVM149931-1	1	Kilos	Grams	Centimeters	Centimeters	Centimeters
		Kilos	Grams	Centimeters	Centimeters	Centimeters
		Kilos	Grams	Centimeters	Centimeters	Centimeters
		Kilos	Grams	Centimeters	Centimeters	Centimeters
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.

--	--	--	--	--	--	--	--	--	--

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

BGW 903225

4. From (Collection Address)

Name:

VIAMED LTD

Address:

15 STATION ROAD , CROSS HILLS,  
KEIGHLEY

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,

City:

BAGHDAD

Postal / Zip Code:

Province/Region:

Country:

IQ

Contact Name:

KHALID NATIQ

Tel. No.:

0770345 6314

6. Delivery Address

Name:

Address:

City:

Postal / Zip Code:

Province/Region:

Country:

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

BA4

Receiving Depot

BGW





GD 328586510 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


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Enhanced Liability

For documents and non-documents subject to Terms and Conditions on reverse

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☐



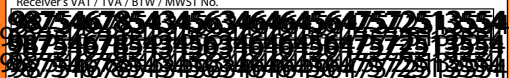
9. Special Delivery Instructions

10. Goods Descriptions

General Description	Number of Items	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
RVM149931-1	1					
Stat. No.	Total	1	0	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	
BGW 903225	

4. From (Collection Address)	
Name:	VIAMED LTD
Address:	15 STATION ROAD , CROSS HILLS, KEIGHLEY
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,
City:	BAGHDAD
Postal / Zip Code:	
Province/Region:	Country: IQ
Contact Name:	KHALID NATIQ
	Tel. No.: 0770345 6314

6. Delivery Address	
Name:	
Address:	
City:	Postal / Zip Code:
Province/Region:	Country:
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
BA4	BGW

	
GD 328586510	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>Enhanced Liability</td><td><input type="checkbox"/></td></tr><tr><td colspan="2">For documents and non-documents subject to Terms and Conditions on reverse</td></tr><tr><td>Currency</td><td>Value</td></tr><tr><td></td><td></td></tr><tr><td></td><td><input type="checkbox"/></td></tr></table>	Priority	<input type="checkbox"/>	Enhanced Liability	<input type="checkbox"/>	For documents and non-documents subject to Terms and Conditions on reverse		Currency	Value				<input type="checkbox"/>
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9. Special Delivery Instructions

10. Goods Descriptions						
General Description	Number of Items	Weight		Dimensions		
		Kilos	Grams	Length	Width	Height
RVM149931-1	1					
Stat. No.	Total	1	1	0	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

☒

Receiver's account number

SENDER LIABLE FOR UNPAID CHARGES

3. Customer Reference

BGW 903225

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Province/Region:

Country:

Contact Name:

Tel. No.:

7. Dangerous Goods

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

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Received by TNT

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(Day/Month/Year)

Date:

Time:

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Sending Depot

BA4

Receiving Depot

BGW



GD 328586510 WW

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8a. Services

Special Express

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12:00 Express

Express

12:00 Economy Express

Economy Express

Documents

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Non-Documents

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8b. Options

Priority

☐

Enhanced Liability

☐

For documents and non-documents subject to Terms and Conditions on reverse

Currency

Value

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General Description	Number of Items	Weight		Dimensions		
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RVM149931-1	1					
Stat. No.	Total	1	0	Volume:		
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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

BGW 903225

Sending Depot	Receiving Depot
BA4	BGW



GD 328586510 WW

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Express	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12:00 Economy Express		<input type="checkbox"/>
Economy Express		<input type="checkbox"/>

8b. Options

Priority ☐

Enhanced Liability ☐  
For documents and non-documents subject to Terms and Conditions on reverse

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