



\*9679041971\*

**1 FROM (SHIPPER)**

|   |                                   |                                     |           |
|---|-----------------------------------|-------------------------------------|-----------|
| Shipper's Account No.<br><b>100881</b>                      |                                   | Shipper's Ref.<br><b>TBA</b>        |           |
| FROM (Your Name) Print Please<br><b>private</b>             |                                   | Phone Number<br><b>441753210399</b> |           |
| Company<br><b>shop and ship</b>                             |                                   | Int'l Code                          | Area Code |
| Street Address<br><b>Aramex UK SNS Unit 9 Skyport Drive</b> |                                   | Local No.<br>Dept./Floor No.        |           |
| City<br><b>West Drayton</b>                                 |                                   | State/Province                      |           |
| Country<br><b>GB</b>  | ZIP/Postal Code<br><b>UB7 0LB</b> |                                     |           |

**2 TO (RECEIVER)**

|  |                 |   |  |
|--|-----------------|---|--|
| Receiver's Account No.<br><b>52220726</b>                |                 | Receiver's Ref.<br><b>Mjdi W M Jaber / TIP 1842</b> |  |
| To (Receiver Name) Print Please<br><b>Mjdi W M Jaber</b> |                 | Phone Number (s)<br><b>218925813652</b>             |  |
| Company<br><b>Mjdi W M Jaber</b>                         |                 | Dept./Floor No.                                     |  |
| Street Address<br><b>Alfellah main office</b>            |                 |   |  |
| City<br><b>Tripoli</b>                                   |                 | State/Province<br><b>Tripoli</b>                    |  |
| Country<br><b>LY</b>                                     | ZIP/Postal Code |   |  |

**3 SHIPPER'S SIGNATURE & AUTHORIZATION**

|   |                               |                        |
|---|-------------------------------|------------------------|
| Shipper's<br><b>private</b>   | Date<br><b>7/9/2025 12:21</b> | Time<br><b>HH / MM</b> |
| Signature (Required) X  | Date                          | Time<br><b>HH / MM</b> |
| Received  |                               |                        |
| Collection Location<br><input checked="" type="checkbox"/> Shipper's Door <input type="checkbox"/> Aramex Terminal <input type="checkbox"/> Other | Collection Ref.               |                        |

|                        |                         |
|------------------------|-------------------------|
| ORG. STN<br><b>LON</b> | DEST. STN<br><b>TIP</b> |
|------------------------|-------------------------|

**4 SHIPMENT INFORMATION**

|   |                                   |                                       |                                     |
|---|-----------------------------------|---------------------------------------|-------------------------------------|
| No. of Pieces<br><b>1</b>   | "Actual" Weight<br><b>2.20 kg</b> | "Chargeable" Weight<br><b>2.20 kg</b> | Country of Manufacture<br><b>GB</b> |
| Description of Goods/Harmonized Code:<br><b>Health/Medical Supplies</b> |                                   |                                       | Customs Value<br><b>15.00</b>       |
|   |                                   |                                       | Currency<br><b>gbp</b>              |

**5 SERVICES**

|                        |                        |
|------------------------|------------------------|
| PROD GRP<br><b>EXP</b> | PROD TYP<br><b>SPX</b> |
| SVC CODE               | SVC CODE               |
| Insurance              |                        |

**DOMESTIC ROUTING**

**6 TRANSPORTATION CHARGES**

Default to Shipper Account if Not Noted

Bill Shipper

☐ Cash

☐ Prepaid Stock

☐ Account

☒ Bill Receiver Account (Collect)

A/C No. \_\_\_\_\_

☐ Bill 3rd Party "Approved" Account

APP A/C No. \_\_\_\_\_

Transport/ Svc Charges : \_\_\_\_\_

☐ Currency : \_\_\_\_\_

**7 DUTIES AND TAXES**

Default to Receiver if Not Noted

☐ Bill Shipper Account (Free Domicile)

☐ Bill Receiver

☐ Bill 3rd Party "Approved" Account

APP A/C No. \_\_\_\_\_

**8 COST OF GOODS**

No Charges if not Noted

☐ Bill Receiver

☐ Bill 3rd Party "Approved" Account

APP A/C No. \_\_\_\_\_

Cost of Goods: \_\_\_\_\_

Currency : **0.00**

**9 RECEIVER SIGNATURE**


Received above shipment in good order and condition

Receiver's  
Signature (Required) X

Name (Please Print)

Date  
**DD / MM / YY**

Time  
**HH / MM**



GLOBAL DISTRIBUTION ALLIANCE