



\*9680695312\*

**1 FROM (SHIPPER)**

Shipper's Account No. **72501700** Shipper's Ref. **1366160**

FROM (Your Name) Print Please **Other Store** Phone Number **441753210551**

Company **Shop and Ship** Int'l Code Area Code Local No. Dept./Floor No.

Street Address **Unit 9, Skyport Drive**

City **West Drayton** State/Province

Country **GB** ZIP/Postal Code **UB7 0LB**

**2 TO (RECEIVER)**

Receiver's Account No. **52220726** Receiver's Ref. **Mjdi W M Jaber / TIP 18426**

To (Receiver Name) Print Please **Mjdi W M Jaber** Phone Number (s) **218925813652**

Company **Mjdi W M Jaber** Dept./Floor No.

Street Address **Alfella main office**

City **Tripoli** State/Province **Tripoli**

Country **LY** ZIP/Postal Code

**3 SHIPPER'S SIGNATURE & AUTHORIZATION**

Shipper's **Other Store** Date **2/18/2026** Time **8:32** HH / MM

Signature (Required) X

Received Date Time HH / MM

Collection Location  Shipper's Door  Aramex Terminal  Other Collection Ref.

ORG. STN **LON** DEST. STN **TIP**

**4 SHIPMENT INFORMATION**

No. of Pieces	"Actual" Weight	"Chargeable" Weight	Country of Manufacture
<b>1</b>	<b>8.76 KG</b>	<b>8.76 KG</b>	<b>GB</b>
Description of Goods/Harmonized Code:			Customs Value
<b>Patient Monitoring Systems, Patient Monitoring Systems,</b>			<b>160.00</b>
			Currency
			<b>GBP</b>

**5 SERVICES**

PROD GRP **EXP** PROD TYP **SPX**

SVC CODE SVC CODE SVC CODE

**Insurance**

DOMESTIC ROUTING

**6 TRANSPORTATION CHARGES** **7 DUTIES AND TAXES**

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 : \_\_\_\_\_

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 Date **DD / MM / YY** Time **HH / MM**

Name (Please Print)

 GLOBAL DISTRIBUTION ALLIANCE