

aramex

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35143395722

1 FROM (SHIPPER)	
Shipper's Account No. 152006	Shipper's Ref.
FROM (Your Name) Print Please Mohamed Kamal	Phone Number 201122759339
Company Mohamed Kamal	Local No. Dept./Floor No.
Street Address Cairo . Egypt , REF : 142	
City Cairo	State/Province
Country EG	ZIP/Postal Code

2 TO (RECEIVER)	
Receiver's Account No.	Receiver's Ref.
To (Receiver Name) Print Please Ruba Jamal Mousa Ja'afreh	Phone Number(s) 962796059144
Company Ruba Jamal Mousa Ja'afreh	Dept./Floor No.
Street Address Amman, Queen Rania Abdallah Street, Samara Commercial Complex	
City Amman	State/Province
Country JO	ZIP/Postal Code

3 SHIPPER'S SIGNATURE & AUTHORIZATION		
Shipper's Mohamed Kamal	Date 12/2/2023	Time 8:59
Signature (Required) X	Date	Time
Received	Date	Time
Collection Location <input type="checkbox"/> Shipper's Door <input checked="" type="checkbox"/> Aramex Terminal <input type="checkbox"/> Other	Collection Ref.	

ORG. STN CAI	DEST. STN AMM
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4 SHIPMENT INFORMATION				
No. of Pieces 2	Actual Weight 28.40 Kg	"Chargeable" Weight 40.06 Kg	Country of Manufacture EG	
Description of Goods/Harmonized Code: Kids Educational Tools			Customs Value 100.00	Currency USD

5 SERVICES		
PROD. GRP EXP	PROD. TYP DPX	
SVC CODE	SVC CODE	SVC CODE

DOMESTIC ROUTING

6 TRANSPORTATION CHARGES	
Default to Shipper Account if Not Noted	
Bill Shipper	
<input type="checkbox"/> Cash	
<input checked="" type="checkbox"/> Prepaid Stock	
<input type="checkbox"/> Account	
<input type="checkbox"/> Bill Receiver Account (Collect)	A/C No. _____
<input type="checkbox"/> Bill 3rd Party "Approved" Account	APP A/C No. _____
Transport/ Svc. Charges :	_____
<input type="checkbox"/>	Currency : _____

7 DUTIES AND TAXES	
Default to Receiver if not Noted	
<input type="checkbox"/> Bill Shipper Account (Free Domicile)	
<input type="checkbox"/> Bill Receiver	
<input type="checkbox"/> Bill 3rd Party "Approved" Account	APP A/C No. _____

8 COST OF GOODS	
No Charges if not Noted	
<input type="checkbox"/> Bill Receiver	
<input type="checkbox"/> 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	Date	Time	
Signature (Required) X	DD / MM / YY	HH / MM	
Name (Please Print)			

