

aramex



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ORIG. STN	DEST. STN	Product Type	No. of Pieces	Actual Weight	Chargeable Weight

FROM (SHIPPER)
Shipper's Account No. **131892**
Shipper's Ref.

Contact Name (Your Name) _____
Phone No. **94117463463**

Company Name **Makeen Books (Pvt) Ltd**

Address **441, Galle Road**

City **Colombo 03**

Shipper's Signature X _____
Date _____ Time _____

Received by Aramex _____
Date _____ Time _____

4. TO (RECEIVER)
Receiver's Account No. **3010**
Receiver's Ref.

To (Receiver Name) _____
Phone No. _____

Company Name _____
Address _____

City _____

Receiver's Signature X _____
Date _____ Time _____

Name / Please Print _____
Date _____ Time _____

5. DESCRIPTION OF GOODS
Declared Value _____

6. NOTES

7. PRODUCT CLASSIFICATION
 Same Day Overnight Deferred

8. ADDITIONAL SERVICES
 Return Service
 Cost of Goods
 Other

9. TRANSPORTATION CHARGES
 Bill Shipper Bill Receiver (Collect) Bill 3rd Party

10. COST OF GOODS
Bill Receiver _____
 Cash Check Other

Amount / القيمة _____

For complaints, please contact us: www.aramex.com/complaints