

## INVOICE/PACKING DETAILS



### Gallagher Security Management Systems

181 Kahikatea Drive

Private Bag 3026

Waikato Mail Centre

Hamilton 3204

New Zealand

Name: Debbie Sionatelli

Telephone number: +64 7 959 3760

INV. I:FD 58/16

DATE : 27/12/2016

D.N.No.

L.C.No.:

S. No.		Description	Quantity (NOS)	Unit Price (AED)	Total Amount (AED)
1	C300182	GALLAGHER 8H MODULE	1	200.00	200.00
		SN 1604326053			
		FAULTY MATERIAL RETURN			
		RG# 300179300			
		PACKING DETAILS: 12x20x15 cm = 3 KG = 1 BOX.			
TOTAL AED.					200.00
(TWO HUNDRED AED ONLY)					

VALUE FOR CUSTOMS PURPOSE ONLY

Payment Terms: days

For Bahri & Mazroei Technical Systems Co. (LLC)

**SYED ALI MARICAR**

Material Coordinator - FMS



**1 Payer account number and insurance details**

Charge to ☐ Shipper ☐ Receiver ☐ 3rd party ☐ Cash ☐ Cheque ☐ Credit Card

Payer Account No. 951605005

Shipment Insurance see reverse ☐ Not all payment options are available in all countries. CC reference code

☐ Yes Insured value (in local currency)

**2 From (Shipper)**

Shipper's account number 123456789 Contact name SHIPPER

Shipper's reference (up to 32 characters - first 12 will be shown on invoice)

Company name

Address

Postcode/Zip Code (required)

Phone, Fax or E-mail (required)

**3 To (Receiver)**

Company name

Delivery address (DHL cannot deliver to a PO Box)

Postcode/Zip Code (required)

Country

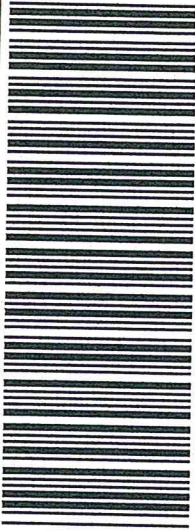
Contact person

Phone, Fax or E-mail (required)

96 2196 2840

04/17

ORIGIN



**4 Shipment details** *Billed weight is calculated from total weight and dimensions*

Total number of packages	Total Weight	Dimensions in cm		
		Length	Width	Height
01	kg	@	@	@
	gr			

**5 Full description of contents**

Give content and quantity

PAVITY MARIAM BEVEN  
CARRIAGE - 84 MODULE

**6 Non-Document Shipments Only (Customs Requirement)**

Attach the original and two copies of a Proforma or Commercial invoice

Shipper's VAT/GST number Receiver's VAT/GST or Shipper's EIN/SSN

Declared Value for Customs (as on commercial/proforma invoice)

Harmonised Commodity Code (if applicable)

Destination duties/taxes If left blank receiver pays duties/taxes

TYPE OF EXPORT ☐ Permanent ☐ Repair/Return ☐ Temporary

☐ Receiver ☐ Shipper ☐ Other specify approved account number

**7 Shipper's agreement (Signature required)**

Unless otherwise stated in writing, I/we agree that DHL's Terms and Conditions of Carriage are all the terms of the contract between us and DHL and (1) Such Terms and Conditions and, where applicable, the Warsaw Convention limits and (2) this shipment does not contain cash or dangerous goods (see reverse).

Signature

Date

29/12/10

PT02/16 F20 ME MP

**Shipper's copy/Receipt**

DESTINATION CODE

XXF

**8 Products & Services**

☐ Domestic ☐ International Document ☐ International Non-Document

Products (not all are available to and from all locations)

☐ EXPRESS 900

☐ EXPRESS 1030

☐ EXPRESS 1200

☐ EXPRESS / WORLDWIDE

☐ EXPRESS ENVELOPE

☐ ECONOMY SELECT

☐ OTHER

Optional Services (extra charges may apply)

☐ Saturday Delivery

☐ Hold for Collection

☐ Delivery Notification

☐ Payable Packaging

☐ Other

Globalmail Business

☐ Priority ☐ Standard ☐ Other

DIMENSIONAL/CHARGEABLE WEIGHT

kg • gr

CHARGES

Services

Other

Insurance

VAT

CURRENCY

TOTAL

PAYMENT DETAILS (Cheque, Card No.)

No. :

Type

Expires

Picked up by

Route No.

Time

Date