



ABAEXPRESS

YOUR PARCEL, OUR PRIORITY

1 FROM (SHIPPER)		ORG. ST N	DEST. ST N	Shipment no: 15 Branch no: 2	
Shipper's Account no. 02		4 SHIPMENT INFORMATION			
Shipper's Ref Shoaib		No. of Pieces 01	"Actual" Weight 10	"Chargeable" Weight 10Kg	Country of Manufacture
From (Your Name) Sohail	Phone Number 0000	Description of Goods/Harmonized Code:	Customs Value	Currency Online	
Company sohail		5 SERVICES			DESC LAIDES SUTS
Street Address asu village malir karachi		PROD GRP	PROD T YP		
		SVC CODE	SVC CODE		
		sVC CODE			
City asu village malir karachi		6 TRANSPORTATION CHARGES			7 DUTIES AND TAXES
State/Province sindh		Default to Shipper Account if Not Noted			Default to Receiver if not Noted
Country pakistan		<input type="checkbox"/> Bill Shipper			<input type="checkbox"/> Bill Shipper Account (Free Domicile)
		<input type="checkbox"/> Prepaid Stock			<input type="checkbox"/> Bill Receiver
		<input type="checkbox"/> Account			<input type="checkbox"/> Bill 3rd Party "Approved" Account
		<input type="checkbox"/> Bill Receiver Account (Collect)			Currency : _____
		A/C No. _____			8 COST OF GOODS
		<input type="checkbox"/> Bill 3rd Party "Approved" Account			No Charges if not Noted
		APP A/C No. _____			<input type="checkbox"/> Bill Receiver
		Transport/Svc Charges : _____			<input type="checkbox"/> Bill 3rd Party "Approved" Account
		Currency : _____			APP A/C No. _____
					Cost of Goods: _____
					Currency : _____
Consinee					
Receiver's Account No Abdul qadir		Receiver's Ref			
2 To (Receiver Name) Print Please Abdul qadir		Phone Number(s) 0096895951245			
Company Abdul qadir		Dept./Floor No. barka muscat oman			
Street Address barka muscat oman		9 RECEIVER SIGNATURE			
		Received above shipment in good order and condition			
		Receiver's			
		Signature (Required) X			
		Name (Please Print)			
City barka		UNDERTAKING			
State/Province batinah		I under sign Undertake full responsibility of my parcel #. it do not contain any sontraband items, Narcotics or all IATA Restricted items, and assure that my parcel content's and declared value and proof of payment is correct and true.			
Country oman		In any case of any declaration or discrepancy and any Duty/Taxes at the destination, if not paid by the consignee, it would be the sole responsibility of under sign.			
		Shipper'Signature _____			
3 SHIPPER'S SIGNATURE & AUTHORIZATION					
Shipper's	Date	Time			
Signature (Required) X	2024-03-30				
Received	Date	Time			
Collection Location	Collection Ref.				