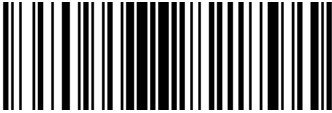
 AIRWAYBILL	ORG. STN ---	DEST ---	 *DXB90090010*
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1 FROM (SHIPPER)	
Shipper's Account No: FROM (Your Name): Print Please Pradeep Kumar Vattakandy Company Pradeep Kumar Vattakandy Street Address test	70 Phone Number: +971-2-678-9012

City Bangalore	State/Province	Country India	ZIP/Postal Code 562162
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2 TO (RECEIVER)	
To (Receiver Name): Print Please Pradeep Kumar Vattakandy Company Pradeep Kumar Vattakandy Street Address (ARAMEX CANNOT DELIVER TO A P.O. BOX) HOSKUR ROAD SHESHAGIRI RAO PALYA VILLAGE	Phone Number:

City Abu Dhabi	State/Province Abu Dhabi	Country United Arab Emirates	ZIP/Postal Code 562162
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4 SHIPMENT INFORMATION			5 SERVICES	
No. of Pieces 1	"Actual" Weight 0.00 KG	"Chargeable" Weight 0.00 KG	PROD GRP EXP	PROD TYP PPX
Description of Goods/Harmonized Code test			SVC CODE ---	
Customs Value 0.00			CURRENCY AED	
			DOMESTIC ROUTING Abu Dhabi	

6 TRANSPORTATION CHARGES	7 DUTIES AND TAXES
Default to Shipper Account if Not Noted Bill Shipper <input type="checkbox"/> Cash <input type="checkbox"/> Prepaid Stock <input type="checkbox"/> Bill Receiver Account (Collect)	Default to Receiver if Not Noted Bill Shipper Account (Free <input type="checkbox"/> Domicile) Bill Receiver <input type="checkbox"/>

3 SHIPPER'S SIGNATURE & AUTHORIZATION	9 RECEIVER SIGNATURE
(Please sign) All pickup destination info/weights apply to this shipment and its Terms & Conditions. The Shipper Confirms that I have received Shipper: <u>Pradeep Kumar Vattakandy</u> Date: <u>01/28/2026</u> Time: <u>10:35</u>	Received the above shipment in good order and condition Receiver's Name: _____ Signature (Required): _____