

貨物託運書
CARGO SHIPPING INSTRUCTIONS

Shipper
TIMEX NEDERLAND B.V., AMSTERDAM, ZUG BRANCH
C/O CROWN LOGISTICS
UNIT C, 1/F CROWN DATA CENTRE III,
23 TAK YIP STREET, YUEN LONG, HONG KONG

Telephone No.:

Consignee

IBRAHIM & KHALED ABU SHAQRA AND PARTNERS
CO. GIFTS CENTER BUILDING
NO.14 CAIRO STREET -PO BOX 6
AMMAN 11118 JORDAN

Telephone No.:

Also Notify

Aramex Hong Kong, Ltd
Unit C-E, 18/F, Billion Plaza 2,
10 Cheung Yue Street, Lai Chi Kok
Kowloon, Hong Kong.
Tel: 35567230, 3110 3888
Fax: 2753 8365

Warehouse
Address

Please receive the undermentioned cargo for delivery by air in accordance with the terms and conditions overleaf and the conditions and provisions stated or referred to on the air way bill form of the Carrier(s).

Freight Charge		Other Charge	
PP <input type="checkbox"/>	CC <input type="checkbox"/>	PP <input type="checkbox"/>	CC <input type="checkbox"/>
From (Airport of Departure)		To (Airport of Destination) Airlines Countersigned	
		Export Licence No.	
YES <input type="checkbox"/>		NO <input type="checkbox"/>	

Marks, Numbers & No. of Pkgs	Description of Goods	Gross weight/Measurement
Amman-Jordan 17 CTNS	GUESS UNISEX PACKAGING	161.5 KG 0.7678 CBM
C/NO:	H.S CODE:39231000	

9 CTNS	GC STANDARD BOX	128.7 KG 0.4984 CBM
	H.S CODE:39231000	

☒ Shipment NOT contain Battery / Dangerous Goods / Liquid / Magnetic Product

Shipper's Special Instructions

For Carriage See terms overleaf	Declared Value For Customs	We hereby guarantee payment of all freight collect charges due to the forwarders or the carrier if the shipment is abandoned, refused by the consignee, returned at our request, confiscated by the customs or for any other reason cannot be delivered within a reasonable time.
Insurance	Shipper's C.O.D.	
Document Accompanying Air Way Bill		Other arrangements:
<input type="checkbox"/> Commercial Invoice	<input type="checkbox"/> Packing List	In case of any other or special arrangements the undersigned agree to hold the forwarders exempt from any liability whatsoever arising out of unforeseen circumstances and/or acts.
<input type="checkbox"/> Certificate of Origin	<input type="checkbox"/> Others	

Received the above shipment for (*Name of Forwarders)



Signature and Stamps of Shipper

By.....

Date.....