



M2140715COL

Nº Package

1 of 1

House: M2140715COL

FROM:BRASIL

TO : BRASIL

Shipper

NAME: MEDKAYA PRODUTOS E
SERVIÇOS FARMACÊUTICOS LTDA
RUC/DNI/ID: 28604566000141
ATT. FROM: .
ADDRESS: Av. das Américas, 3959 - Loja 229
ADD INFO:
CITY/ST: 8105, RJ
ZIP CODE: 22631-003
PHONE: 5521997824200

Consignee

NAME: Rosa Nitania Piazza
RUC/DNI/ID: 34219340963
ATT. TO: .
ADDRESS: Rua Quinze de Novembro, 263
ADD INFO: clínica geriátrica Santa Inês
CITY/ST: FLORIANOPOLIS - SANTA
CATARINA-SC
ZIP CODE: 88075220
PHONE: 5551991915265

NON-NEGOTIABLE CONSIGNMENT NOTE SUBJECT TO STANDARD TRADING CONDITIONS SHOWN ON THE
REVERSE OF THE SHIPPERS RECEIPT

DESCRIPTION

PROFORMA INVOICE REQUIRED FOR ALL NON-DOCS

DESCRIPTION Produto Manipulado Farmacêutico

Valor(US\$):

Peso Total(Kg):

73.07

0.30

Pieces

DELIVERED DUTY UNPAID

Item N°	Len	Width	Height	Weight	Vol weight
1	2.000	2.000	2.000	0.300	0.001

ATTENTION -----

RECEIVED BY -----

DATE -----

SIGNATURE -----