



M2141731COL

Nº Package

**1 of 1**

House: M2141731COL

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: Patricia De Souza  
RUC/DNI/ID: 88886115920  
ATT. TO: .  
ADDRESS: Estrada Dom João Becker, 254  
ADD INFO: Sala 01  
CITY/ST: FLORIANOPOLIS - SANTA  
CATARINA-SC  
ZIP CODE: 88058600  
PHONE: 5548999882397

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\$):

73.51

Peso Total(Kg):

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 -----