



M2141845COL

Nº Package

1 of 1

House: M2141845COL

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: Miguel Coelho Saliba
RUC/DNI/ID: 15135452648
ATT. TO: .
ADDRESS: Rua da Névoa Transparente, 585
ADD INFO:
CITY/ST: NOVA LIMA - MINAS GERAIS-MG
ZIP CODE: 34008080
PHONE: 5531984770644

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

PROFORMA INVOICE REQUIRED FOR ALL NON-DOCS

DESCRIPTION

DESCRIPTION Produto Manipulado Farmacêutico

Valor(US\$):
10.00

Peso Total(Kg):
0.30

Pieces

DELIVERED DUTY UNPAID

Item Nº	Len	Width	Height	Weight	Vol weight
1	2.000	2.000	2.000	0.300	0.001

ATTENTION -----

RECEIVED BY -----

DATE -----

SIGNATURE -----