



M2143200COL

Nº Package

1 of 1

House: M2143200COL

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: Marlene Gomes Caldeira
Stiefelmann
RUC/DNI/ID: 43256333915
ATT. TO: .
ADDRESS: Rua Euclides Machado, 341
ADD INFO: AP 807 - Próximo A clínica Dr.
Casuo
CITY/ST: FLORIANOPOLIS - SANTA
CATARINA-SC
ZIP CODE: 88070720
PHONE: 5548999016468

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\$):
58.85Peso 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 -----