



M2143618COL

Nº Package

1 of 1

House: M2143618COL

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: Samuel Gomes Gonçalves
RUC/DNI/ID: 16046299403
ATT. TO: .
ADDRESS: Rua Capitão Pedro Joaquim Rafael,
591
ADD INFO: Casa
CITY/ST: PASSAGEM - PARAIBA-PB
ZIP CODE: 58734000
PHONE: 5583981597022

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):

118.08

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 -----