



M2144117COL

Nº Package

1 of 1

House: M2144117COL

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: Anita Reinheimer
RUC/DNI/ID: 24693600059
ATT. TO: .
ADDRESS: Rua Angelim, 664
ADD INFO: Qd05 Lt26 Casa
Se possível, sempre no horário de
almoço entre 12h40 e 13h20

CITY/ST: CASCABEL - PARANA-PR
ZIP CODE: 85807678
PHONE: 5545999130796

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\$):

176.87

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 -----