



M2145739COL

Nº Package

1 of 1

House: M2145739COL

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: Maria Helena Da Silva Pereira
RUC/DNI/ID: 17944012457
ATT. TO: .
ADDRESS: RUA JOSE ONORIO, 145
ADD INFO: Perto da praça da bíblia
CITY/ST: COREMAS - PARAIBA-PB
ZIP CODE: 58770000
PHONE: 5583982069028

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\$):
35.89

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 -----