



M2151675COL

Nº Package

1 of 1

House: M2151675COL

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: Rosele Fontes Da Silva Machado
RUC/DNI/ID: 65832833953
ATT. TO: .
ADDRESS: Rua Maria Benta da Silva Cabral, 26
ADD INFO: Res. Porto Belo
CITY/ST: PORTO BELO - SANTA CATARINA-
SC
ZIP CODE: 88210554
PHONE: 5547999051608

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\$):

73.10

Peso Total(Kg):

0.30

Pieces

DELIVERED DUTY UNPAID

Item N°	Len	Width	Height	Weight	Vol weight
1	2.000	2.000	2.000	0.300	0.001

ATTENTION -----

RECEIVED BY -----

DATE -----

SIGNATURE -----