MEMPHIS COURIER

M2156136COL

Nº Package

**1 of 1**

House: M2156136COL

| **FROM:BRASIL** | **TO : BRASIL** |
|---|---|

| **Shipper** | | **Consignee** | |
|---|---|---|---|
| NAME: | **MEDKAYA PRODUTOS E SERVIÇOS FARMACÊUTICOS LTDA** | NAME: | **Carmem Tereza Silva Torres** |
| RUC/DNI/ID: | **28604566000141** | RUC/DNI/ID: | **17836646220** |
| ATT. FROM: | **.** | ATT. TO: | **.** |
| ADDRESS: | **Av. das Américas, 3959 - Loja 229** | ADDRESS: | **Rua das Três Palmeiras Reais, 51** |
| ADD INFO: | | ADD INFO: | **Casa** |
| CITY/ST: | **8105, RJ** | CITY/ST: | **FLORIANOPOLIS - SANTA CATARINA-SC** |
| ZIP CODE: | **22631-003** | ZIP CODE: | **88065462** |
| PHONE: | **5521997824200** | PHONE: | **5591993455933** |

**NON-NEGOTIABLE CONSIGMENT 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(U$S):** | **Peso Total(Kg):** |
|---|---|---|---|
| | | 189.07 | 0.60 |

**Pieces**

## DELIVERED DUTY UNPAID

| **Item N°** | **Len** | **Width** | **Height** | **Weight** | Vol weight |
|---|---|---|---|---|---|
| 1 | 2.000 | 2.000 | 2.000 | 0.600 | 0.001 |

ATTENTION ----------

RECEIVED BY ----------

DATE ----------

SIGNATURE ----------