



Way Bill / بيان الشحنة			
Job No	S054396	Customer Reference No.	
Bayan No:	Bill of loading (B/L) No.	Part of Destination:	Vessel Name:
	MEDUPX673486		
Sender Name & Address:		Receiver Name:	
Nawara Transport & Freight Co.(NTF)			
Print Date	03-04-2024		
Customer Name & Address:	AATCO Food Industries L.L.Cco	Mobile#	
Delivery Date	Pickup From	Loading Place	Delivery address
	Dammam port		JEDDAH
Container Number:	TCKU2222965		
Seal Number:			
Container Type:	40 FT FLAT BED		
Remarks			
Commodity			
Truck No.		Driver Name	
Driver mobile No.		Signature	
1 - PARTICULARS ABOVE DECLARED BY SHIPPERS AND NO LIABILITY TO ATTACHES HERE WITH WHAT SO EVER 2 - SUBJECT TO NTF STANDARD TERMS & CONDITIONS		1 - التفاصيل المذكورة أعلاه التي أعلنها الشاحنون وعدم وجود مسؤوليته صرفه ما بأي شيء على الإطلاق 2 - تخضع لشروط وأحكام شركة نواره للنقل والشحن القياسية	
توقيع السائق Driver Signature		اغتند من قبل Prepared By	

مكان الاستلام PLACE OF RECEIPT		سند استلام RECEIPT	مكان التسليم PLACE OF DELIVERY	
الوقت Time	التاريخ Date	Received the above cargo container in good condition while the seal intact. استلمنا الحاوية المذكورة أعلاه بحالة جيدة مع العزل محبوس.	الوقت Time	التاريخ Date
وصول ARRIVAL		Name of receiver	وصول ARRIVAL	
تحميل LOADED		اسم المستلم كامل	تفريغ OFF LOADED	
خروج EXIT		التوقيع	خروج EXIT	
وقفات BREAKS STOPPAGES		الختم	وقفات BREAKS STOPPAGES	

Stamp: WARRIAGE Jeddah



KANOO TERMINAL SERVICES LTD
Logistics With Logic

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EQUIPMENT INTERCHANGE RECEIPT

شركة كانوو لخدمات الموانئ البحرية المحدودة

ص.ب. 1309 - الدمام 31431 - المملكة العربية السعودية
هاتف: +966 13 8573161 (خطوط 10) - فاكس: 013 8576230
البريد الإلكتروني: info@kanooterminals.com

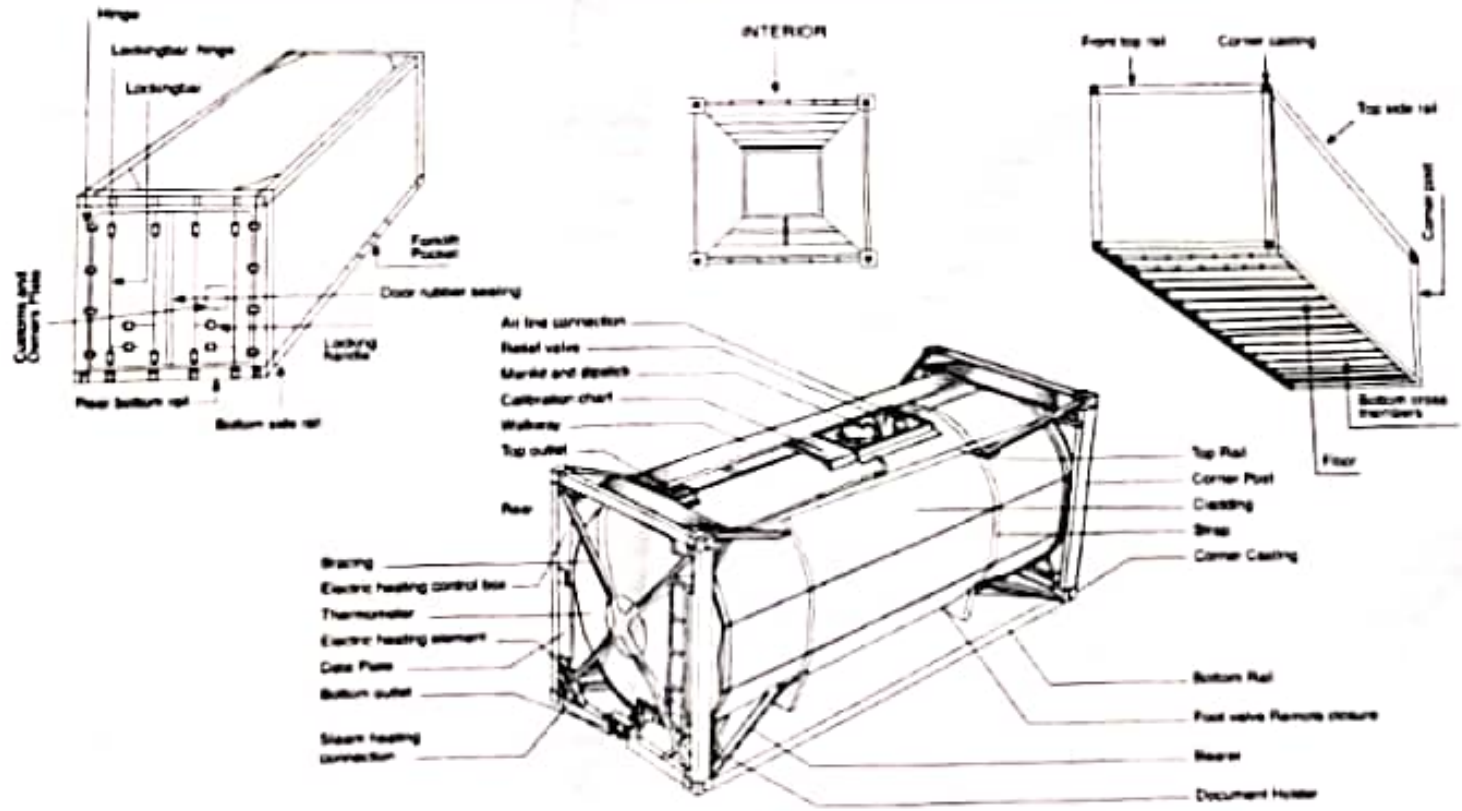


EIR NO: 6242697

ACCOUNT OF

LOCATION CODE		MEDITERRANEAN SHIPPING COMPANY SAUDI		PREFIX	SERIAL	CD
Kta_depot		IN AVAILABLE		OUT / DELIVERED		TORU 222296 5
LESSEE'S NAME		STATUS		IN DAMAGED		BILL OF LADING NO
		AV Empty				
EQUIPMENT DESCRIPTION		TYPE		CSC		
20' TYPE		MGW		TW		SEAL
40'						
TRUCKER DETAILS		OTHER DETAILS		SERVICE REQUIRED		
9254				REPAIR		<input type="checkbox"/>
				CLEANING		<input type="checkbox"/>
				PARTS MISSING		<input type="checkbox"/>
THIS EQUIPMENT WAS DELIVERED / RECEIVED AS NOTED ABOVE						
DELIVERED BY		TIME & DATE		RECEIVED BY		TIME & DATE
SIGNED		9254		SIGNED		KTS
PRINT NAME		12/04/24		PRINT NAME		12/04/24
		1317				1317
REMARKS						
OK						

PLEASE MARK CLEARLY ALL DAMAGES AND DEFICIENCIES. USE CHECK MARK, IF NO EXCEPTIONS



THE GATE EIR IS FOR ADMINISTRATIVE PURPOSE ONLY. IN THE EVENT THE EQUIPMENT REQUIRES REPAIR OR CLEANING AS PER THE INSPECTION CRITERIA DEFINED BY THE OWNER OR OPERATOR OF THE EQUIPMENT A DETAILED COST ESTIMATE SHALL BE FORWARDED TO THE OWNER/ OPERATOR LIABILITY OF REDELIVERING PARTY OR OTHER PARTIES CONCERNED

Form no: TH-F1-01 Revision no: 01