



004680068796

Clients Account Shipper's Reference
 Date From Via To

1. From
 Name: **MEMO PHARMA EXPORT**
 Address **14 AVE DE L ETANG**
ZI FONTCOUVERTE
SIRET 42135242800013
 City: **AVIGNON** Zip Code: **84000**
 Country: **FRANCE**
 Contact Tel No: **0490892090**
 Mail:

2. To
 Name: **PHARMACIE DES CONGRES**
 Address: **nouvelle route bastos**
 City: **YAOUNDE** Zip Cod
 Country: **CAMEROUN** Tel **237696648262**
 Contact: **Dr Tedajo muriel** FaxN°
 Mail:

3. Goods
 Commercial Description: **medicaments**
 Currency: **EUR** Value: **1 303,00**
 Nbr Parcel: **1** Total Weigh Kg Total Volume
 Invoice **FA41404** **0,000** m3
 Info
 Weight volume : Kg Insurance

P.O.D.
 by (Name):
 Received by
 Date ____/____/____ Time ____:____

4. Services
 Service **9** **DAP**
 Sender's Signature: _____

L'expediteur accepte les conditions générales du transporteur et certifie que l'envoi ne contient pas de marchandises dangereuses ou réglementées.
 The shipper accept all the general conditions of the carrier and certifies that the sending doesn't have any dangerous or under specific regulations goods

EXPRESS

Info 1
 Info 2

<https://link.bollor-logistics.com>

