

ALL WEIGHTS IN KILOGRAM

Station <b>FRA</b>	Flight No. <b>994</b>	Registration	Date <b>06/May/2026</b>
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**Unit Load Devices (ULD)**

Page 1 of 1

T	ULD ID Code	Gross Weight	Net Weight	Height	Unloading Point	Dest	Remarks	Sign
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Total ULD Weights: **0.0**      Net Total: **0.0**

<b>Bulk Load</b>		<b>Cargo</b>			<b>Mail</b>			
Trolley Nbr	Cargo Weight	Unloading Point	Remarks & SHC	Cpt	Unloading Point	Net Weight	Cpt.	Sig
BC1-23567	47.0	SAW	SPX					
CCT-2859	14.0	SAW	SPX					
CCT-2970 -930	224.0	SAW	SPX,HUM					

Total BULK Weights: **285.0**

Owner or Operator: Pegasus Airlines

Marks of Nationality/Registration Number:

Flight No: PC 994 Date: 06May26

Point of loading: FRANKFURT, FRANKFURT AM MAIN

Point of unloading: Istanbul, Sabiha Gokcen Intl.

LOCO/Transit:				For use by owner/operator			Official use only
No	Air Waybill and Part No	No Of Pieces	Nature of goods	Unit of weight: KG		Remarks	
				Gross Weight	ORI/DES		
1	624-52444711	2	SPARE PARTS	21,1	FRA/HBE	SPX	X
2	624-52620816	1	SPARE PARTS	24,0	FRA/NQZ	SPX	X
3	624-52624003	5	REAR CROSS ME	13,7	FRA/ECN	SPX	X
4	624-52624316	1	HUMAN REMAINS	100,0	FRA/KYA	HUM,SPX	X
5	624-52624342	1	HUMAN REMAINS	120,0	FRA/GZT	HUM,SPX SPX-HC-1343,	X
<b>Total</b>		<b>10</b>		<b>278,8</b>			

FCS 10:41 05/06/26

**CARGO MANIFEST**  
I.C.A.O. ANNEX 9, APPENDIX 3

DE/RA/00026-01

**Owner or Operator:** Pegasus Airlines

**Marks of Nationality/Registration Number:**

**Flight No:** PC 994 **Date:** 06May26

**Point of loading:** FRANKFURT, FRANKFURT AM MAIN

**Point of unloading:**

LOCO/Transit:				For use by owner/operator			Official use only
No	Air Waybill and Part No	No Of Pieces	Nature of goods	Gross Weight	ORI/DES	Remarks	
Total		10		278,8			

**SPECIAL LOAD – NOTIFICATION TO CAPTAIN**

Station of Loading: FRA	Flight Number: PC994	Date: 06May26	Aircraft Registration: Mr. Jack Aishoua	Reported By: Mr. Jack Aishoua
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**DANGEROUS GOODS**

Station of unloading	Airway bill number	Proper shipping name	Class or Division for class 1 Compat.gp	UN or ID number	Sub Risk	Number Of Packages	Net quantity or TI per package	Radio Active	Radioactive Category	Packing Group	Dims	Code	CAO (x)	Drill Code	Loaded ULD ID	Position
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**OTHER SPECIAL LOAD**

Stat of unload	Airway bill Number	Content and Description	Number Of packages	Quantity	Supplementary Information	Code	Loaded ULD ID	Position
SAW	62452624316	HUMAN REMAINS	1	100		HUM	BULK	
SAW	62452624342	HUMAN REMAINS	1	120		HUM	BULK	

\*There was no evidence of any damaged to or leaking from the packages or any leakage from the unit load devices loaded on the aircraft\*

Loading Supervisor's Signature	Captain's Signature	Other Information:	Total TI Total ICE	0,0TI 0kg	06/05/2026	10:48 AM	1 of 1
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Shipper's Name and Address FRANKFURT		Shipper's Account Number	Not Negotiable
Consignee's Name and Address FRANKFURT		Consignee's Account Number	<b>Air Waybill</b> Issued by FRANKFURT
Issuing Carrier's Agent Name and City FRANKFURT		Accounting Information FRANKFURT	Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.

It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.

Agent's IATA Code FRANKFURT	Account No.	Reference Number	Optional Shipping Information FRANKFURT
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Airport of Departure (Addr. of First Carrier) and Requested Routing FRANKFURT		Reference Number		Optional Shipping Information								
To	By First Carrier	Routing and Destination	to	by	to	by	Currency	CHGS Code	WT/WAL PPD COLL	Other PPD COLL	Declared Value for Carriage	Declared Value for Customs
FRANKFURT	FRANKFURT	FRANKFURT	FRANKFURT	FRANKFURT	FRANKFURT	FRANKFURT	EUR				EUR	EUR

Amount of Insurance XXXXX	INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance"
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Handling Information  
 \*\*\*11/12/0035-01 \*\*\* NOT SECURED \*\*\*\*\*  
 DATE: 03.05.25 TIME: 11.58U MAIL: 11.58U  
 (For USA only): These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to USA law prohibited.

No. of Pieces RCP	Gross Weight	kg	Rate Class	Chargeable Weight	Rate	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
2	21.00	kg		21.00	1.00	21.00	SPARE PARTS FOR MEDICAL EQUIPMENT

**SECURITY STATUS**  
see attached documents

Prepaid	Weight Charge	Collect	Other Charges
61.00			
Valuation Charge			
Tax			
Total Other Charges Due Agent			
Total Other Charges Due Carrier			
Total Prepaid	Total Collect	Signature of Shipper or his Agent	
61.00			
Currency Conversion Rates	CC Charges in Dest. Currency	Signature of Issuing Carrier or its Agent	
For Carrier's Use only at Destination	Charges at Destination	Executed on (date)	at (place)



624 FRA 52620816



624-52620816

Shipper's Name and Address <b>CLAAS SELBSTFAHRENDE ERNTEMASHINEN GMBH MUEHLENWINKEL 1 HARSEWINKEL NW 33428 DE</b>		Shipper's Account Number		Not Negotiable <b>Air Waybill</b>								
Consignee's Name and Address <b>TOO CT ASSEMBLY ST. NEFTPROVODNAYA 1A PETROPAVLOVSK 150000 KZ</b>		Consignee's Account Number		Issued by <b>PEGASUS AIRLINES AEROPARK YENISEHIR MAHALLESİ ISTANBUL, ISTANBUL, TURKIYE</b>								
Issuing Carrier's Agent Name and City <b>GEODIS FF GERMANY GMBH &amp; CO. KG DUSSELDORF</b>		Accounting Information <b>OLEG ZHUGIN TEL: 7.701.3248696 EMAIL: OLEG.ZHUGIN@CTASSEMBLY.KZ</b>		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.								
Agent's IATA Code <b>23-4 7059/4044</b>		Account No. <b>2347059/4044</b>		It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.								
Airport of Departure (Addr. of First Carrier) and Requested Routing <b>FRANKFURT AM MAIN</b>		Reference Number <b>C12365823</b>		Optional Shipping Information <b>FRT PREPAID</b>								
To	By First Carrier	Routing and Destination	to	by	to	by	Currency	CHGS Code	WTNATL	Other	Declared Value for Carriage	Declared Value for Customs
<b>SAW</b>		<b>PC</b>	<b>NQZ</b>	<b>PC</b>			<b>EUR</b>	<b>PPX</b>	<b>X</b>	<b>X</b>	<b>NVD</b>	<b>NCV</b>
Airport of Destination <b>NUR-SULTAN</b>		Requested Flight/Date <b>PC996/27 PC228/28</b>		Amount of insurance <b>XXX</b>		INSURANCE - If Carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "amount of insurance".						
Handling Information <b>..NOT TRANSIT VIA RUSSIA.. SPX BY KC DE/RA/00029-01 27-APR-26 09:13 ANDREA1 ROMERO</b>											MRN: <b>26DE800184703723B2</b>	
											SCI <b>X</b>	
No. Of Pieces RCP	Gross Weight	kg	Rate Class	Commodity Item No.	Chargeable Weight	Rate	Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)			
1	24.0	K	N		25.5	3.58		91.29	SPARE PARTS FOR AGRICULTURAL MACHINERY Shippers reference number: 4081446 Invoice number : 6211480320 HS Code: 731811900 DIMS 63x43x56 CM x 1			
1	24.0							91.29				
Prepaid		Weight Charge		Collect		Other Charges						
91.29						FEC TERMINAL HANDLING CHARGES - FRA HUB 3.00 MYC FUEL SURCHARGE 28.80 SCC SECURITY SURCHARGE 4.80						
Valuation Charge		Tax		Total Other Charges Due Agent		Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.						
				36.60		FOR: ON BEHALF OF A.M. SHIPPER  <b>ANDREA1 ROMERO</b> Signature of Shipper or his Agent						
Total Prepaid		Total Collect		127.89		AS AGENTS OF: PEGASUS AIRLINES 27-Apr-26 DUSSELDORF GEODIS FF GERMANY GMBH & CO. KG Executed on (date) at (place) Signature of Issuing Carrier or its Agent						
Currency Conversion Rates		CC. Charges in Dest. Currency		Charges at Destination		Total Collect Charges		624-52620816				

Original 3 - (for Shipper)

624 FRA 5262 4003

624-5262 4003

Shipper's Name and Address Mercedes-Benz AG Global Logistics Center Mercedes-Benz-Str. 1 76726 Germersheim Germany	Shipper's Account Number	Not Negotiable <b>Air Waybill</b> Issued by	PEGASUS HAVA TASIMACILIGI YENISEHIR MAH. OSMANLI BULV. AEROPARK A BLOK NO:11 A /1 34912 PENDIK ISTANBUL Turkey
Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.			

Consignee's Name and Address Serhan Kombos Otomotiv Ltd Dr.Fazil Kuecuk Bulvari CAD. 3 99040 Lefkosa Cyprus	Consignee's Account Number	It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.
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Issuing Carrier's Agent Name and City Schenker Deutschland AG Stuttgart-Airport	Accounting Information
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Agent's IATA Code 23-4-7061-701-5	Account No.	Reference Number	Optional Shipping Information
Airport of Departure (Addr. of First Carrier) and Requested Routing Frankfurt am Main, HE			

To SAW	By First Carrier PC	Routing and Destination ECN	to PC	by PC	to PC	by PC	Currency EUR	CHGS Code	WT/VAL PED	Other COLL	PPD	COLL	Declared Value for Carriage NVD	Declared Value for Customs NCV
Airport of Destination Ercan		Requested Flight/Date 994/06 1926/07		Amount of Insurance XXX		INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance".								

Handling Information JETCARGO BUSINESS Airport to Airport MRNs: 26DE665385496134E6, 26FR10003810655MB7, 26FR10003868591MB3	SCI X
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No. of Pieces RCP	Gross Weight	kg	Rate Class	Chargeable Weight	Rate	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
5	13.7	kg	N	27.0	5.00	135.00	REAR CROSS MEMBER NOT RESTRICTED STANDARD 2  NOT RESTRICTED
DIMS: 1=61x14x14 CM, 1=136x32x6 CM, 1=34x24x1 CM, 1=126x28x29 CM, 1=42x26x18 CM HS CODE(S): 87082990 Shipper References: DON: MBZ 6534017740 0001, MBZ 653401697000, MBZ 6534021312 0001, MBZ 6534034032 0001 6534035885 0001 MRN: 26DE665385496134E6, 26FR10003810655MB7, 26FR10003868591MB3 SRS: 335241							
5	13.7	kg					SLAC: 5 VOL.WGHT.: 26.8 KGS VOLUME: 0.161 CBM



**DSV Air & Sea Germany GmbH**  
see attachment  
Time: 22:00  
Date: 05.05.2026  
DE/RA/01540-32

Prepaid	Weight Charge	Collect	Other Charges
135.00			
Valuation Charge			
Tax			
Total Other Charges Due Agent		Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.	
Total Other Charges Due Carrier		Schenker Deutschland AG STRKA260009983 AS AGENT OF Mercedes-Benz AG 27690060044969 Ma. Maylanie König Signature of Shipper or his Agent	
Total Prepaid	Total Collect	Schenker Deutschland AG AS AGENT OF Pegasus Hava Tasimaciligi A.S. 05-May-2026 13:39 Stuttgart, BW	
135.00		Executed on (date) at (place) Signature of Issuing Carrier or its Agent	
For Carrier's Use only at Destination	Charges at Destination	Total Collect Charges	624-5262 4003

ORIGINAL 2 (FOR CONSIGNEE)

Shipper's Name and Address PF IRMAK 4 RUE MARCONI 57070 METZ, FRANCE		Shipper's account Number 10008		Not negotiable <b>Air Waybill</b> Issued by PEGASUS AIRLINES AEROPARK YENISEHIR MAH. OSMANLI BULVARI ISTANBUL, TÜRKIYE							
Consignee's Name and Address TDV YETKILILERI TEL: 05332763123 KONYA HAVALIMANI 42000 KONYA, TÜRKIYE		Consignee's account Number 0		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity It agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required							
Issuing Carrier's Agent Name and City TRADELOG TRANSPORT U.HANDEL GMBH 65451 KELSTERBACH				Accounting Information							
Agent's IATA Code 23-4 7007/0002		Account No.		Reference:							
Airport of Departure (Addr. of first Carrier) and requested Routing FRANKFURT				Reference Number 10-2605-0054							
to	By first Carrier	to	by	to	by	Currency	CHG Code	WT/VAL	Other	Decl. Value for Carriage	Decl. Value for Customs
SAW	PC	KYA	PC			EUR	P	P	X	NVD	NCV
Airport of Destination KONYA		Requested Flight / Date PC994/06		PC2700/07		Amount of Insurance NIL		INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with conditions thereof, indicate amount to be in figures in box marked "Amount of Insurance".			
Handling Information NOT SECURED CARGO PLEASE NOTIFY CONSIGNEE IMMEDIATELY UPON ARRIVAL EBR OK											
EC-STATUS: X											
No. of Pieces RCP	Gross Weight	kg	lb	Rate Class	Commodity Item No.	Chargeable Weight	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions of Volume)		
1	100,0	K	M			100,0	530,00	530,00	HUMAN REMAINS OF HATICE YASAR  NOT RESTRICTED 1 X 190 X 55 X 45		
HS-CODE: 9919 0000											
1	100,0							530,00	TOTAL CBM:	0,470	
Prepaid				Weight Charge		Collect		Other Charges			
530,00											
Valuation Charge											
Total other Charges				Due Agent				Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.  TRADELOG TRANSPORT U.HANDEL GMBH, E.GENCEBAY Signature of Shipper or his Agent			
Total other Charges				Due Carrier							
Total prepaid				Total collect							
530,00											
Currency Conversion Rates				CC Charges in Dest. Currency				TRADELOG TRANSPORT U.HANDEL GMBH, AS CARRIER			
								05.MAY.2026		KELSTERBACH	
								Executed on (Date)		at (Place)	
								Signature of Issuing Carrier or its Agent			
For Carrier's Use only at Destination				Charges at Destination		Total Collect Charges					



## Consignment Security Declaration

Regulated Entity Category (RA, KC, or AO) and Identifier DE/RA/00026-01		Unique Consignment Identifier AWB: 624-5262 4316	
Contents of Consignment <input type="checkbox"/> Consolidation <input checked="" type="checkbox"/> No Consolidation, Nature of Good: HUMAN REMAINS			
Origin		FRA	
Destination		KYA	
Transfer/Transit			
Security Status		Reasons for issuing the Security Status	
SPX		Received from	Screening Method
		XRY	Grounds for Exemption
Other Screening Method(s)			
Security Status Issued by		Security Status Issued on	
Kanda, Munene Munda		05.05.2026      18:57 UHR	
Regulated Entity Category (RA, KC, or AO) and Identifier <small>(Of any regulated party who has accepted the security status given to a consignment by another regulated party)</small>			
Additional Security Information			
Packages: 1		Weight: 100,0 kg	

05-MAY '26 17:58

<p>PC <i>Airline Code</i></p>	<p>TradeLog <i>Issuing Carriers Agent</i></p>	<p>624-5262 4316 <i>Master Air Waybill</i></p>
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EU regulation 2015/1998	Kurzbeschreibung / abstract
6.1.2 / 6.7 LFSP 8.11 - High Risk Cargo	<input type="checkbox"/> Begründeter Manipulationsverdacht <i>Reasonable suspicion of tampering</i>
6.3.2.1	<input type="checkbox"/> Sendung ist nicht von einem reglementierten Beauftragten (RA) – Sendung zurückweisen <i>shipment isn't from an regulated agent (RA) – refuse shipment</i>
6.3.2.2 / 6.7 LFSP 8.11 - High Risk Cargo	<input type="checkbox"/> Anlieferer konnte keinen gültigen Personalausweis/Reisepass vorlegen <i>Person delivered the shipment couldn't present valid ID or passport</i>
6.3.2.5	<input type="checkbox"/> MAWB - Master Air waybill fehlt / <i>missing</i> <input type="checkbox"/> CSD - Consignment Security Declaration fehlt / <i>CSD is missing</i> <input type="checkbox"/> Erwähnter Anhang fehlt: _____ / <i>mentioned attachment is missing</i>
6.3.2.6 a / 6.3.2.7 b	<input type="checkbox"/> Eindeutige alphanumerische Kennung des reglementierten Beauftragten (RA) fehlt <i>Unique alphanumeric identifier of regulated agent (RA) is missing</i>
6.8.3.4	<input type="checkbox"/> Eindeutige alphanumerische Kennung des ACC3 fehlt <i>Unique alphanumeric identifier of ACC3 is missing</i>
6.3.2.6 b	<input type="checkbox"/> MAWB Nummer fehlt / <i>MAWB Number is missing</i>
6.3.2.6 c	<input type="checkbox"/> Inhaltsangabe der Sendung fehlt / <i>Content of shipment is missing</i>
6.3.2.6 d / 6.3.2.7 b 6.8.3.4 / 6.8.3.5	<input type="checkbox"/> Sicherheitsstatus der Sendung fehlt (NSC, SPX) <i>Security status of shipment is missing (NSC, SPX)</i>
6.3.2.6 e	<input type="checkbox"/> Grund für die Erteilung des Sicherheitsstatus fehlt (by XRY, by RA, etc.) <i>Reason for security status is missing (by XRY, by RA etc.)</i>
Non – Consol 6.3.2.6 f Consol 6.3.2.7	<input type="checkbox"/> Name der Person oder Identifizierung fehlt / <i>Name of person or identifier is missing</i> <input type="checkbox"/> Datum fehlt / <i>Date is missing</i> <input type="checkbox"/> Uhrzeit fehlt / <i>Time is missing</i>
6.3.2.6 g	<input type="checkbox"/> Kennung des RB fehlt, welcher den Sicherheitsstaus eines anderen RB akzeptiert hat <i>Identifier of RA is missing, who accepted security status given by another RB</i>
6.3.2.8	<input checked="" type="checkbox"/> Sendung ist unsicher (NSC) / <i>Shipment is unsecured (NSC)</i>
6.6.1.1. a / 6.7 LFSP 8.11 - High Risk Cargo	<input type="checkbox"/> Sendung offen, Inhalt greifbar / <i>Shipment open, content within reach</i> <input type="checkbox"/> Sendung ist fremdverklebt / <i>Shipment taped by others</i> <input type="checkbox"/> Sonstiger Grund / <i>Other reason</i>
6.6.1.1. b / 6.7	<input type="checkbox"/> Laderaum nicht verschlossen / <i>Cargo load compartment wasn't locked</i> <input type="checkbox"/> Offenes Pritschenfahrzeug ohne Begleitfahrzeug / <i>Flat bed vehicle without escort vehicle</i>
QR Airlinevorgabe	<input type="checkbox"/> Gewichtsdivergenz
Andere Gründe:	<b>* Human Remain</b>

Kontrolliert von / checked by	Datum / date	Name in Blockschrift / name in blockletters	Unterschrift / signature
FCS Frankfurt Cargo Services GmbH:	05.05. 2026	Gholamhosseini	
Kontrollkraft für Fracht & Post:	18-28	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>LSKK</b> 05. Mai 2026 Marco Schliwka         </div>	

T.C.

Strazburg Başkonsolosluğu

Sayı : Tereke / 2026 - 310 - 132

05.05.2026

Konu : HATİCE YAŞAR

CENAZE NAKİL BELGESİ  
T.C.  
YETKİLİ GÜMRÜK MÜDÜRLÜĞÜNE

Aşağıda kimlik ve ölüm tarihi hakkında gerekli bilgileri verilmiş olan vatandaşımızın cenazesi yurda nakledilmektedir.

Adı ve Soyadı : HATİCE YAŞAR  
Doğum yeri ve tarihi : ORTAKÖY - 01.06.1950 - 66970242994  
Anne adı - Baba Adı : BEHİYE-YAKUP  
Ölüm tarihi ve yeri : 04.05.2026 - ARS-LAQUENEXY  
Ölüm sebebi : DOĞAL ÖLÜM  
Bulaşıcı hastalığı : YOK  
Cenaze naklini üstlenen firma : IRMAK CENAZE  
Gideceği yer : ORTAKÖY / AKSARY  
Teslim edilecek kişi : TDV YETKİLİSİ  
Nakil günü, vasıtası ve güzergahı : 06.05.2026 - Uçak ile FRANKFURT-İSTANBUL-KONYA

Mevzuat dahilinde gerekli kolaylığın gösterilmesini müsaadelerinize saygılarımla rica ederim.

Furkan Bilgin

Muavin Konsolos



NOT : Otopsi yapılmamıştır

FİRMA YETKİLİSİ :



**Pompes Funèbres Irmak**  
3 Rue des Intendants Joseph et Ernest Joba  
57050 Metz  
Tél : 07 44 85 80 00  
Mail : pfirmak@gmail.com

## ATTESTATION OPÉRATION DE MISE EN BIÈRE ET DE SCELLEMENT DE CERCUEIL

Je soussigné(e) : **KERAMETTIN YASAR**

Demeurant : **150 RUE DE MARLY , 57950 MONTIGNY LES METZ**

Lien de parenté: **FILS**

*Atteste sur l'honneur avoir été présent(e) lors de l'opération de fermeture et de scellement du cercueil :*

Madame **YASAR née ZEYBEK Hatice**

Né(e) le : **01/06/1950**

Décédé(e) le : **04/05/2026**

Opération de fermeture et de scellement du cercueil prévue par l'article L2213-14 du Code Général des Collectivités Territoriales.  
Le/la défunt(e) sus-désigné(e) dans un double cercueil, dont un zinc soudé hermétiquement à froid et muni d'un appareil filtrant.

Date de la mise en bière : **05/05/2026 11:00**

Lieu de la mise en bière : **mercy**

Fait à : **mercy**

Le : **05/05/2026**

**Signature**





MAIRIE de Ars-Laquenexy  
57 - Moselle

DIRECTION ETAT CIVIL

COPIE INTEGRALE

ACTE DE DECES

N° 516 / 2026 - N° Ordre 516

Hatice  
ZEYBEK

**Date et heure du décès** : le quatre mai deux mil vingt-six à--  
quatorze heures trente minutes-----

**Lieu du décès** : à Ars-Laquenexy (Moselle), 1 Allée du Château

**Nom du défunt** : ZEYBEK -----  
**Prénoms** : Hatice -----  
**née le** : 01 juin 1950-----  
**à** : ORTAKÖY (TURQUIE)-----  
**Profession** : sans profession-----  
**Domicile** : Morhange (Moselle), 3 rue de la Paix-----  
**Fille de** : Yakup ZEYBEK, décédé-----  
**Et de** : Behiye ZEYBEK, décédée-----  
**Epouse de** : Bahittin YASAR-----

**Tiers déclarant** : Dursun IRMAK, 48 ans, gérant de Pompes-----  
Funèbres, domicilié 4 rue Marconi à Metz (Moselle).-----

**Date et heure de l'acte** : le cinq mai deux mil vingt-six à--  
dix heures deux minutes.-----

Après lecture et invitation à lire l'acte, Nous, Corine-----  
MATHIEU, Attachée territoriale, Officier de l'Etat Civil par-  
délégation du Maire, avons signé avec le déclarant.-----

Mention(s) :

Délivrée, selon procédés informatiques, à Ars-Laquenexy, le 05 mai 2026.

Signature et sceau de l'officier de l'état civil





**Pompes Funèbres Irmak**  
3 Rue des Intendants Joseph et Ernest Joba  
57050 Metz  
Tél : 07 44 85 80 00  
Mail : pfirmak@gmail.com

## CONFIRMATION DE DÉPART

Le **05/05/2026**,

Nous, Pompes Funèbres Irmak, vous confirmons la levée du corps de :

**Madame YASAR née ZEYBEK Hatice**

Lieu : **mercy**

Toilette : **05/05/2026 à 10:00**

Mise en bière : **05/05/2026 à 11:00**

Départ : **05/05/2026 à 11:30**

Lieu d'inhumation : **TURQUIE, AKSARAY ORTAKOY**

Merci de bien vouloir en tenir compte.

Signature





<b>Attestation médicale de non-contagion</b>	Formulaire	Référence : FORM/00032
		Version : 02
		Date publication : 10/07/2025
		Date prochaine révision : 10/07/2029

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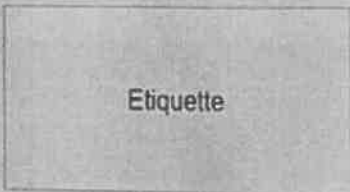
Document associé : PROC/0066 Prise en charge d'un patient hospitalisé décédé (hors nouveau-né) et accompagnement de sa famille sur les sites de Mercy et Bel Air

**PROC/1099 PROCEDURE DECES SPECIFIQUE HAYANGE**

- Code général des collectivités territoriales : articles R2213-21 et suivants
- L'article R. 2213-22 du CGCT confie au préfet du département de mise en bière l'autorisation de transport en dehors du territoire métropolitain
- Convention de Berlin du 10 février 1937
- Convention de Strasbourg du 26 octobre 1973 sur le transfert des corps des personnes décédées

Je soussigné(e) : NOM ARACON PRENOM Philippe

Docteur en médecine à CHR METZ



Cartifie que le décès de :

NOM YASAR ZEYBEK PRENOM Hatice

Né(e) le : 01/06/1950 Décédé(e) le : 04/05/2026

A (lieu) : CHR METZ

Ne provient pas d'une maladie contagieuse et que le transport du corps peut être effectué sans danger pour la salubrité publique.

Certificat délivré à l'attention de l'entreprise funéraire pour l'obtention des autorisations administratives requises.

Fait à ARS le 04/05/26  
 (Cachet et signature)



TÜRKİYE CUMHURİYETİ KİMLİK KARTI  
REPUBLIC OF TURKEY IDENTITY CARD

Kimlik No / TR Identity No  
66970242994



Soyadı / Surname

YAŞAR

Adı / Given Name(s)

NATİCE

Doğum Tarihi / Date of Birth

01.04.1950

Seri No / Document No

AG2151529

Geçerlilik / Valid Until

15.05.2027

Cinsiyet / Gender

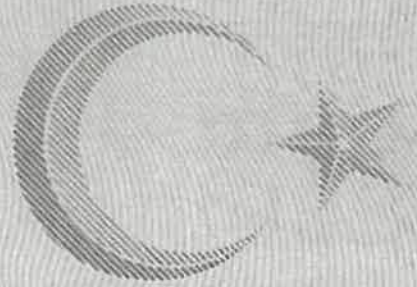
K / F

Uyruğu / Nationality

T.C./TUR

İmzası / Signature

Handwritten signature





R2124E

Shipper's Name and Address AMAN BESTATTUNGSINSTITUT SANDWEG 14 60316 FRANKFURT AM MAIN, GERMANY		Shipper's account Number 10007		Not negotiable <b>Air Waybill</b> Issued by		PEGASUS AIRLINES AEROPARK YENISEHIR MAH. OSMANLI BULVARI ISTANBUL, TÜRKIYE					
Consignee's Name and Address ÖZEL NOKTA SAGLIK HIZM. SANAYI VE TICARET LTD.STI. DEGIRMICEM MAHALLESİ MITHAT ENC CAD NO.19 27000 SEHITKAMIL / GAZIANTEP, TÜRKIYE		Consignee's account Number 0		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity							
Issuing Carrier's Agent Name and City TRADELOG TRANSPORT U.HANDEL GMBH 65451 KELSTERBACH		Accounting Information		Reference:							
Agent's IATA Code 23-4 7007/0002		Account No.		Reference Number: 10-2605-0058							
Airport of Departure (Addr. of first Carrier) and requested Routing FRANKFURT		Optional Shipping Inform		Reference Number: 10-2605-0058							
to	By first Carrier	to	by	to	by	Currency	CHG Code	WT/VAL	Other	Decl. Value for Carriage	Decl. Value for Customs
SAW	PC	GZT	PC			EUR	P	PP CC	PP CC	NVD	15.0576 NCV
Airport of Destination GAZIANTEP		Requested Flight / Date PC994/06		PC2402/07		Amount of Insurance NIL		INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with conditions thereof, indicate amount to be in figures in box marked "Amount of Insurance".			
Handling Information NOT SECURED CARGO ***EBR OK*** PLEASE NOTIFY CONSIGNEE IMMEDIATELY UPON ARRIVAL											
EC-STATUS: X											
No. of Pieces RCP	Gross Weight	kg	Rate Class	Chargeable Weight	Rate	Total	Nature and Quantity of Goods (incl. Dimensions of Volume)				
1	120,0	K	M	120,0	530,00	530,00	HUMAN REMAINS OF ABDULHALIM HAZZOURI				
HS-CODE: 9919 0000											
1	120,0					530,00	TOTAL CBM: 0,556				
Prepaid		Weight Charge		Collect		Other Charges					
530,00											
Valuation Charge											
Total other Charges Due Agent						Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.					
Total other Charges Due Carrier						TRADELOG TRANSPORT U.HANDEL GMBH, Y.DINDAS Signature of Shipper or his Agent					
Total prepaid		Total collect				FOR ABOVE NAMED CARRIER: PEGASUS AIRLINES TRADELOG TRANSPORT U.HANDEL GMBH, AS AGENT					
530,00						05.MAY.2026 KELSTERBACH					
Currency Conversion Rates		CC Charges in Dest. Currency				Executed on (Date) at (Place) Signature of Issuing Carrier or its Agent					
For Carrier's Use only at Destination		Charges at Destination		Total Collect Charges							

 <b>PC</b> Airline Code	<b>Trade log</b> Issuing Carriers Agent	<b>624-52624342</b> Master Air Waybill
--	--	---

EU regulation 2015/1998	Kurzbeschreibung / abstract
6.1.2 / 6.7 LFSP 8.11 - High Risk Cargo	<input type="checkbox"/> Begründeter Manipulationsverdacht <i>Reasonable suspicion of tampering</i>
6.3.2.1	<input type="checkbox"/> Sendung ist nicht von einem reglementierten Beauftragten (RA) – Sendung zurückweisen <i>shipment isn't from an regulated agent (RA) – refuse shipment</i>
6.3.2.2 / 6.7 LFSP 8.11 - High Risk Cargo	<input type="checkbox"/> Anlieferer konnte keinen gültigen Personalausweis/Reisepass vorlegen <i>Person delivered the shipment couldn't present valid ID or passport</i>
6.3.2.5	<input type="checkbox"/> MAWB - Master Air waybill fehlt / <i>missing</i> <input type="checkbox"/> CSD - Consignment Security Declaration fehlt / <i>CSD is missing</i> <input type="checkbox"/> Erwähnter Anhang fehlt: _____ / <i>mentioned attachment is missing</i>
6.3.2.6 a / 6.3.2.7 b	<input type="checkbox"/> Eindeutige alphanumerische Kennung des reglementierten Beauftragten (RA) fehlt <i>Unique alphanumeric identifier of regulated agent (RA) is missing</i>
6.8.3.4	<input type="checkbox"/> Eindeutige alphanumerische Kennung des ACC3 fehlt <i>Unique alphanumeric identifier of ACC3 is missing</i>
6.3.2.6 b	<input type="checkbox"/> MAWB Nummer fehlt / <i>MAWB Number is missing</i>
6.3.2.6 c	<input type="checkbox"/> Inhaltsangabe der Sendung fehlt / <i>Content of shipment is missing</i>
6.3.2.6 d / 6.3.2.7 b 6.8.3.4 / 6.8.3.5	<input checked="" type="checkbox"/> Sicherheitsstatus der Sendung fehlt (NSC, SPX) <i>Security status of shipment is missing (NSC, SPX)</i>
6.3.2.6 e	<input type="checkbox"/> Grund für die Erteilung des Sicherheitsstatus fehlt (by XRY, by RA, etc.) <i>Reason for security status is missing (by XRY, by RA etc.)</i>
Non – Consol 6.3.2.6 f Consol 6.3.2.7	<input type="checkbox"/> Name der Person oder Identifizierung fehlt / <i>Name of person or identifier is missing</i> <input type="checkbox"/> Datum fehlt / <i>Date is missing</i> <input type="checkbox"/> Uhrzeit fehlt / <i>Time is missing</i>
6.3.2.6 g	<input type="checkbox"/> Kennung des RB fehlt, welcher den Sicherheitsstaus eines anderen RB akzeptiert hat <i>Identifier of RA is missing, who accepted security status given by another RB</i>
6.3.2.8	<input type="checkbox"/> Sendung ist unsicher (NSC) / <i>Shipment is unsecured (NSC)</i>
6.6.1.1. a / 6.7 LFSP 8.11 - High Risk Cargo	<input type="checkbox"/> Sendung offen, Inhalt greifbar / <i>Shipment open, content within reach</i> <input type="checkbox"/> Sendung ist fremdverklebt / <i>Shipment taped by others</i> <input type="checkbox"/> Sonstiger Grund / <i>Other reason</i>
6.6.1.1. b / 6.7	<input type="checkbox"/> Laderaum nicht verschlossen / <i>Cargo load compartment wasn't locked</i> <input type="checkbox"/> Offenes Pritschenfahrzeug ohne Begleitfahrzeug / <i>Flat bed vehicle without escort vehicle</i>
QR Airlinevorgabe	<input type="checkbox"/> Gewichtsdivergenz
Andere Gründe:	<input type="checkbox"/>

Kontrolliert von / checked by	Datum / date	Name in Blockschrift / name in blockletters	Unterschrift / signature
FCS Frankfurt Cargo Services GmbH:	05.05. 2026	Oliver Rühlmann LSKK	
Kontrollkraft für Fracht & Post:	19:10	05. Mai 2026 Marco Schliwka	

Standesamt

Neustadt am Rübenberge

31535 Neustadt am Rübenberge

05.05.2026

Frau Bischoff

Telefon 05032/84-34035


standesamt@neustadt-a-rbge.de

Vorgang Nr. 327/26 SE

Stadt Neustadt a. Rbge., Postfach 11 63, 31519 Neustadt a. Rbge.

### Bescheinigung über die Zurückstellung der Beurkundung eines Sterbefalles

§ 7 Abs. 2 PStV, Ländervorschriften zur Bestattung, Art. 37 Wiener Übereinkommen über konsularische Beziehungen

Verstorbene Person	Familienname, Geburtsname, Vornamen Hazzouri, Abdulhalim
	Geburtstag und -ort 27.01.1959, Abo Taltal, Aleppo, Arabische Republik Syrien
	Letzte Anschrift Kleiner Tösel 17a, 31535 Neustadt am Rübenberge
	Familienstand verheiratet
Tod	Todestag und -zeit 04.05.2026, 10:38 Uhr
	Todesort Neustadt am Rübenberge
	Zurückstellung fehlende Unterlagen
Auskunftgeber	Familienname, Geburtsname, Vornamen Hazzouri, Zain Alabden
	Beziehung zur verstorbenen Person Sohn
	Anschrift Platz der Vereinten Nationen 20, 10249 Berlin
Unterschrift	Neustadt am Rübenberge, 05.05.2026
	 (Bischoff, Standesbeamtin)





**Region Hannover**

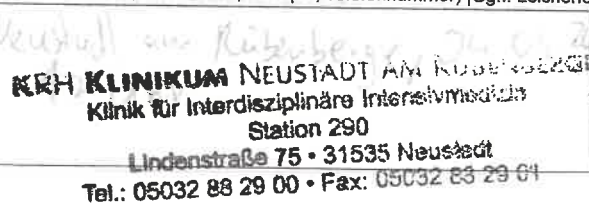
Fachbereich Gesundheitsmanagement  
Dienststelle Weinstr.2  
30171 Hannover

**Internationaler Leichenpass  
Corpse transport permit / Carte Mortuaire**

Staat / Country / Etat	Bundesrepublik Deutschland
Behörde / Authority / Administration	Region Hannover - FB Gesundheit
Familienname, Geburtsname Family name, name at birth / Nom de famille, nom de jeune fille	Hazzouri
Vornamen Forenames/Prenoms	Abdulhalim
Tag und Ort des Todes Date and place of death/ Date et lieu du deces	04.05.2026, Neustadt am Rübenberger
Todesursache Cause of death/Cause du deces	Natürlicher Tod
Tag und Ort der Geburt Date and place of birth/ Date et lieu de naissance	27.01.1959, Aleppo, Syrien
Beförderungsmittel Means of transport / Mode de transport	Bestattungskraftwagen, Flugzeug
Abgangsort Place of dispatch/Lieu de depart	Hannover, Deutschland
Strecke Route/Route	Neustadt am Rüb. – Frankfurt am Main (D)
Bestimmungsort Destination/Lieu de destination	Aleppo/Abo Taltal, Syrien
<p><b>Die Beförderung dieser Leiche wurde ordnungsgemäß genehmigt. Alle Behörden der Staaten, durch deren Hoheitsgebiete die Leiche befördert werden muss, werden deshalb gebeten, den Transport ungehindert passieren zu lassen.</b></p> <p>Permission has been granted for the transport of this corpse. All authorities in the countries/ states through which the remains are to be transported are, therefore, requested to allow it to pass freely and unhindered.</p> <p>Etant donné que le transfert du corps est autorisé, toutes les autorités des pays sur le territoire desquels le transport circulera sont priées de le laisser se déplacer librement et de ne pas entraver sa circulation.</p>	
Tag und Ort der Ausstellung Date and place of issue / Date et lieu de délivrance	Hannover, den 05.05.2026
<p><b>Region Hannover</b> Fachdienst Medizinische Dienste und Gesundheitsnetzwerke / 53.43 Weinstraße 2-3 30171 Hannover T. Wegner Fachdienst Medizinische Dienste und Gesundheitsnetzwerke Region Hannover</p> <p><b>Unterschrift / Signature / Signature</b></p>	<p>Dr. med. S. Büchner Ärztin Fachdienst Medizinische Dienste und Gesundheitsnetzwerke Region Hannover</p> <p><b>Siegel / Seal / Sceau</b></p>

Dieser Urnenpass/Leichenpass entspricht den Anforderungen des Internationalen Abkommens über die Leichenbeförderung vom 10. 2.1937 (RGBl. 1938 II S. 199), insbesondere der Artikel 3 und 5 (siehe folgenden Auszug)

Zutreffendes bitte ankreuzen und/oder ausfüllen.

<b>1. Todesbescheinigung Niedersachsen</b>		Nicht vollständig wegen:	Notfall/Rettungsdienst	Gefahr der Selbstbelastung	<b>Blatt 3: Standesamt</b>										
2. Familienname, Vorname/n		Staatsangehörigkeit		Standesamt											
3. Wohnsitz: PLZ, Ort, Straße, Hausnummer		Wird vom Standesamt ausgefüllt		Standesamt											
4. Geburtsdatum		Geburtsort, Kreis, ggf. Land		Geschlecht											
				<input checked="" type="checkbox"/> männl. <input type="checkbox"/> weibl. <input type="checkbox"/> div.											
5. Identifikation		<input type="checkbox"/> Persönlich bekannt <input type="checkbox"/> Angaben Angehöriger/Dritter <input type="checkbox"/> Ausweis/Pass <input type="checkbox"/> Keine		<input type="checkbox"/> Erdbestattung <input type="checkbox"/> Feuerbestattung											
6. Todeszeitpunkt		<table border="1" style="font-size: small;"> <tr><th>Tag</th><th>Monat</th><th>Jahr</th><th>Stunden</th><th>Minuten</th></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		Tag	Monat	Jahr	Stunden	Minuten						<input type="checkbox"/> Nach eigenen Feststellungen <input checked="" type="checkbox"/> Nach Angaben von Angehörigen/Dritten	
Tag	Monat	Jahr	Stunden	Minuten											
Falls Todeszeitpunkt nicht bestimmbar: mit Sicherheit noch gelebt		<table border="1" style="font-size: small;"> <tr><th>Tag</th><th>Monat</th><th>Jahr</th><th>Stunden</th><th>Minuten</th></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		Tag	Monat	Jahr	Stunden	Minuten						<input type="checkbox"/> und tot aufgefunden	
Tag	Monat	Jahr	Stunden	Minuten											
7. Sterbeort		<input type="checkbox"/> Zu Hause (Anschrift siehe oben) <input checked="" type="checkbox"/> Im Krankenhaus <input type="checkbox"/> Im Heim <input type="checkbox"/> Transport <input type="checkbox"/> Sonstiger Ort													
<input type="checkbox"/> Sterbeort Ergänzende Angaben zum Ort  <input type="checkbox"/> Auffindungsort (Wenn Sterbeort unbekannt)		Einrichtung: Name der Einrichtung, PLZ, Ort, Straße, Hausnummer; Angaben zu ungewöhnlichen Orten, z. B. Gemarkung, Flurstück, Kreis-/Land-/Bundesstraße  Weitere Angaben													
8. Meldepflicht		1. Anhaltspunkten für einen Tod durch Selbsttötung, Unfall oder ein Einwirken Dritter (nicht natürlicher Tod) 2. Anhaltspunkten für einen Tod durch eine ärztliche oder pflegerische Fehlbehandlung 3. Anhaltspunkten für einen Tod aufgrund einer außergewöhnlichen Entwicklung im Verlauf der Behandlung 4. Eintritt des Todes während eines operativen Eingriffs oder innerhalb der darauf folgenden 24 Stunden 5. ungeklärter Todesursache (plötzlicher, unerklärlicher Tod eines gesunden Menschen) 6. einer nicht sicher zu identifizierenden Person 7. Todes im amtlichen Gewahrsam 8. einer verstorbenen Person vor Vollendung des 14. Lebensjahres, es sei denn, dass der Tod zweifelsfrei auf eine Vorerkrankung zurückzuführen ist 9. bereits fortgeschrittener oder erheblicher Veränderungen der Leiche													
(bitte zutreffende Nummer eintragen)		<input type="text"/>													
Folgende Stelle		ist am		Datum											
				Uhrzeit											
		<b>benachrichtigt worden</b>													
9. Warnhinweise (besondere Maßnahmen für Aufbewahrung, Einsargung, Beförderung, Bestattung?)		<input checked="" type="checkbox"/> Nein <input type="checkbox"/> Ja		folgende Hinweise bestehen:											
10. Infektionsschutz (bestehen Hinweise für eine Erkrankung im Sinne des IfSG?)		<input checked="" type="checkbox"/> Nein <input type="checkbox"/> Ja		folgende Hinweise bestehen:											
11. Hausarzt/Hausärztin, ggf. zuletzt behandelnde/r Arzt/Ärztin		Name, Telefonnummer, Adresse													
[Large redacted area with black speckles]															
<b>Ärztliche Bescheinigung:</b> Auf Grund der von mir sorgfältig durchgeführten Untersuchung bescheinige ich hiermit den Tod und die oben genannten Angaben. Die Vornahme der Leichenschau erfolgte an der unbedeckten Leiche, sofern nicht die Ausnahmetatbestände des Bestattungsrechts zutreffen.															
19. Ärztin/Arzt (Ort, Datum und Zeitpunkt der Leichenschau, Unterschrift, Stempel, Telefonnummer)  Ggf.: Leichenöffnung veranlasst nach: <input type="checkbox"/> § 5 (2) BestattG <input type="checkbox"/> § 5 (3) BestattG															
															
Die vorstehenden Angaben beruhen auf einer Leichenöffnung															

- Urheberrechtlich geschützt -  
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