

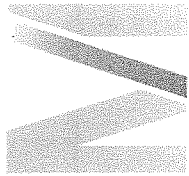


MANIFEST
ICAO ANNEX 9 APPENDIX 3

FLIGHT NO.	: PC 1022	23SEP2024	16:05	PAGE : 1/1
AIRCRAFT REG. NO.	: TCRBR			
POINT OF LADING	: MUC	POINT OF UNLADING: SAW		
CARRIER	: Pegasus	security checked		

AWB	PCS/TTL	NATURE OF GOODS	WGT/KG	ORIG	DEST	CI	SPLs	REMARKS
BULK								
624 51975733	1/1	Human Remain	136,0	MUC	SAW	X	HUM, SPX	
TOTAL BULK	1		136,0					

TOTAL	1		136,0					



SPECIAL LOAD - NOTIFICATION TO CAPTAIN

Station of Loading	Flight Number	Date	Aircraft Registration	Prepared by	Remark
MUC	PC 1022	23SEP2024	TCRBR	Cakir	

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DANGEROUS GOODS

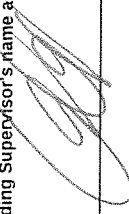
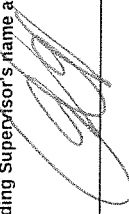
Station of Unload	Air Waybill Number	Proper Shipping Name	Class or Div. (Sub Risk)	UN/ID Nr	Erg Code	Nbr. of Pkge	Net Qty or Tl per Pkge	RAD Cat.	PG	IMP Code	CAO [X]	ULD/ID-No.	POS

There is no evidence that any damaged or leaking packages containing dangerous goods have been loaded on the aircraft

OTHER SPECIAL LOAD

Station of Unload	Air Waybill Number	Contents and Description	Nbr. of Pkge	Net Qty per Pkge	Supplementary Information	IMP Code	ULD/ID-No.	POS
	624 51975733	Human Remain	1	136,0 Kg		HUM	BULK	

Captain's Signature:

	LOADING CERTIFICATION I certify that these articles have been loaded in accordance with all regulations and that there is no evidence of leaking or damaged packages. (to be signed by Loadcontroller) Loading Supervisor's name and signature 	ACCEPTANCE CERTIFICATION I hereby certify that the above shipments have been checked and are in conformity with the current regulations. (to be signed by Handling Agent) Building Supervisor's name and signature 
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Shipments Booked on Flight

Flight: PC1022 / 23-SEP-2024 Station: MUC

Print Date: 22-Sep-2024 22:52

Page Number: 1

Alloc	P	Allotment	AWB Number	Orig	Dest	Pieces	Weight	Volume	Nature of Goods	Agent	Branch	SHC	Status	Rcv	Stn
KK			624-5197 5733	MUC	SAW	1	150.0	0.96	HUMAN REMAIN		DUS	HUM	BKD		MUC
SAW Total :															
						1	150.0	0.96							
Total:															
						1	150.0	0.96							
												1 AWBs			

624 MUC 51975733

624 - 51975733

Shipper's Name and Address ZSU GMBH SUBBELRATHER STRASSE 17 50823 KÖLN GERMANY		Shipper's Account Number		Not Negotiable Air Waybill Issued by PEGASUS Hava Tasvili A.S. Aeropark- Osmanli Bulvarı No:11 Kurtköy 34912Pendik-IstanbulTürkiye														
Consignee's Name and Address TDV ADRES TESLİM PENDİK YENİSEHİR MEZ -MUHAMMET GÜLAL- PH: 05376008746 00000 İSTANBUL TÜRKİYE		Consignee's Account Number		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.														
Issuing Carrier's Agent Name and City Rhenus Freight Logistics GmbH & Co. KG Im Hölsefeld 25 40721 Hilden		Accounting Information																
Agent's IATA Code 23-4-7086/4012		Account No.																
Airport of Departure (Addr. of First Carrier) and Requested Routing MUNICH																		
To	By First Carrier	Routing and Destination		To	By	To	By	Currency	CHGS Code	WTN/ALL	PPD	COLL	Other	PPD	COLL	Declared Value for Carriage	Declared Value for Customs	
SAW	PC							EUR		X			X				NVD	NCV
Airport of Destination SABIHA GOKCEN AIRP		Flight/Date PC 1022/23		For Carrier Use only		Flight/Date		Amount of Insurance XXX		INSURANCE - If carrier offers insurance, and such an insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked 'Amount of Insurance'.								
Handling Information ONE COFFIN MARKS ADDRESS / LABEL / DOCUMENTS HS CODE:99190000						EU REG.NR.: DE/RA/00243-03						Not Secured						
No. of Pieces RCP	Gross Weight	kg lb	Rate Class Commodity Items No.	Chargeable Weight	Rate Charge	Total	SCI STATUS: X Nature and Quantity of Goods (incl. Dimensions or Volume) HUMAN REMAIN OF -MUHAMMET GÜLAL- (1) 195x65x45 CMS ECS HS CODES: 99190000											
1	136.0	K	M	136.0	455.00	455.00												
1	136.0						CHID YOUR WINNING STRATEGY 455.00 DE/RA/00228-01 Name Abdul Hamit Kara											
Prepaid		Weight Charge		Collect		Other Charges												
455.00						HRC 40.00		Time 23. Sep. 2024 Sing										
Valuation Charge								SPX by XRY ETD										
Tax								PHS VCK EDD										
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						40.00		Rhenus Freight Logistics GmbH & Co. KG										
Total Prepaid		Total Collect						Signature of Shipper or his Agent										
495.00																		
Currency Conversion Rates		CC Charges in Dest. Currency						23-09-2024 09:59 HILDEN Florian Schruellkamp										
For Carrier's Use only at Destination		Charges at Destination				Executed on (date) at (place)		Signature of Issuing Carrier or its Agent 624 - 51975733 Florian Schruellkamp 90111010.026814										



T.C.
STUTTGART BAŞKONSOLOSLUĞU

Sayı: Tereke 788 / 2024
Konu: MUHAMMET GÜLAL

23.09.2024

CENAZE NAKİL BELGESİ

T.C. YETKİLİ GÜMRÜK MÜDÜRLÜĞÜNE

Aşağıda kimliği ve ölüm tarihi hakkında gerekli bilgiler verilmiş olan vatandaşımızın cenazesi yurda nakledilmektedir.

ADI VE SOYADI - T.C. NO. : MUHAMMET GÜLAL - 21928923646
DOĞUM YERİ VE TARİHİ : GÖRELE - 20.04.1972
ANNE-BABA ADI : ELMAS - ABDURRAHMAN
ÖLÜM TARİHİ VE YERİ : 20.09.2024 - TUTTLINGEN
ÖLÜM SEBEBİ : DOĞAL ÖLÜM
BULAŞICI HASTALIĞI : YOKTUR
CENAZE NAKLİNİ ÜST.FİRMA : DİTİB ZSU CENAZE FİRMASI
GİDECEĞİ YER : İSTANBUL
TESLİM EDİLECEK KİŞİ : TDV veya AİLE YAKINLARI
NAKİL GÜZERGAHI : MÜNİH - İSTANBUL

Mevzuat dahilinde gerekli kolaylığın gösterilmesini müsaadelerine saygılarımla rica ederim.

Serkan Taşık
Muavin Konsolos
T.C. Stuttgart Başkonsoloslugu

OTOPSİ YAPILMAMIŞTIR	X
OTOPSİ YAPILMIŞTIR	

İPTAL EDİLEN PASAPORTU TESLİM ALDIM
FİRMA YETKİLİSİ

4	Familienname, Geburtsname, Nom de famille, nom de jeune fille/family name, name at birth	Gülal
5	Vornamen Prénoms/Forenames	Muhammet
6	Geschlecht Sexe	M
7	Tag und Ort des Todes Date et lieu du décès/ Date and place of death	20 09 2024 Tuttlingen
8	Todesursache Cause of death	natürlicher Tod
9	Tag und Ort der Geburt Date et lieu de naissance/Date and place of birth	20 04 1972 Görele, Türkei
10	Beförderungs- mittel Means of transport/ Mode de transport	Leichenwagen, Flugzeug
11	Abgangsort Lieu de départ/ Place of dispatch	Tuttlingen
12	Strecke Route/Route	München
13	Bestimmungsort Lieu de destination/ Destination	Istanbul, Tür
14	Die Beförderung dieser Leiche wurde ordnungsgemäß genehmigt. Alle Behörden der Staaten, durch deren Hoheitsgebiet die Leiche befördert werden muss, werden deshalb gebeten, den Transport ungehindert passieren zu lassen. Étant 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. 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.	
15	Tag und Ort der Ausstellung Date et lieu de diffusion/Date and place of issue	23 09 2024 Tuttlingen

1 Die Angabe der Todesursache ist nur zulässig, wenn der Bestattungspflichtige sein Einverständnis erklärt hat; sie ist auch in Englisch und Französisch anzugeben oder der WHO-Zahlencode für die internationale Klassifizierung der Krankheiten.

2 In der Angabe der Todesursache nicht möglich, so ist auf dem Leichenpass anzugeben, ob die Person eines natürlichen Todes oder an einer nicht ansteckenden Krankheit verstorben ist. Stab die Person an einer ansteckenden Krankheit, so sollte diese Tatsache angegeben werden. Falls die Todesursache aus Gründen der ärztlichen Schweigepflicht nicht offen angegeben werden soll, ist eine briefliche Beschreibung mit der Angabe der Todesursache in einem verschlossenen Umschlag beizufügen.

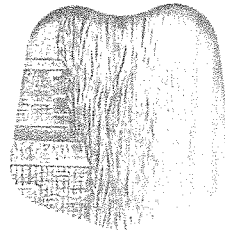
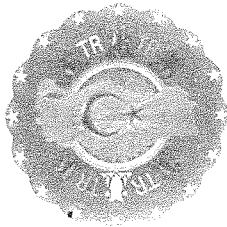
[SYMBOLES/ÉCRITURE/SYMBOLS/SYMBOLS/\\$\\$ARTICLE/SYMBOLS/SYMBOLS](#)

Mo: Mois/Mona/Month/Mes/Mh/Mes/Mand/Mes/Ay/Mesec/Maanu/Kyu/Lunb
An: Anéé/lah/Ycar/Año/ Erog/anno/laai/Ano/Yri/Godan/Metay/Mast/An
M: Masculin/Männlich/Mosculine/Apppey/Maschile/Masculino/Ekex/Maschi/Vyas/Mees/Masculin
F: Féminin/Félicite/Féminine/Femenno/Ōh/af/Feminite/Vouweij/Feminiho/Kadin/Zenshi/Moeters/Naine/ Feminin

PASAPORT
PASSPORT

SOYADI - SURNAME
GÜLAL
ADI - NAME
MUHAMMET

U24741273



E/M
 STRAUGH NATIONAL
 TUR
 IC KIMLIANO 4801 01 NO
 21928923646

DUZENLEME TARİHİ / DATE OF ISSUE
20 NİS/APR 1972
VEREN MAKAMI / ISSUED BY
T.C. STUTTGART BK
DUZENLEME TARİHİ / DATE OF ISSUE
30 TEM/JUL 2021
GEÇERLİLİK TARİHİ / DATE OF EXPIRY
29 TEM/JUL 2031

DOĞUM YERİ: PLACE OF BIRTH
GÖRELE

HAMILININ IMZASI HOLDER'S SIGNATURE

Al. Gural

[illegible]

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