999 SIN 65828302

Shipper's Name and Address LOGISERV LTD					Shipper's Account Number					egotiable Wa			AIR CHINA LTD CAPITAL INTERNATIONAL AIRPORT					
1-3 SPATHARIKOU STREET, FAMELINE BUILDING 4004, MESA GEITONIA, LIMASSOL CYPRUS										Issued By BEIJI					NG, 100621, PEOPLE'S REPUBLIC OF			
TASOS KANTIANOS VAT: 10406437Q																		
TEL: +30 215 2151418 EMAIL ID: OPS@LOGISERV.GLOBAL  Consignee's Name and Address  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								
MAXFREIGHT INTERNATIONAL LOGISTICS (SHA) LTD.  USCI+91310109781511144B  MASTER OF MV KEN BREEZE C/O HEYUE INTERNATIONAL SHIPPING AGENCY, RM 1801, BUILDING A4, NO. 1688, NORTH GUO QUAN ROAD, YANGPU DISTRICT, SHANGHAI, PR CHINA **										asnoted) for carriage SUBJECTTO 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										Accounting Information								
EV CARGO GLOBAL FORWARDING PTE LTD																		
Agent's IATA Code Account No.																		
32-3 70	010/0000												8					
Airport of Departure (Addr. of First Carrier) and SINGAPORE					Requested Routing				Reference Number CAE00342346						Optional Shipping Information			
™ PVG	By First Carrier	Flouting	and Destin	ation	to	by	to	by	Curren	Code	WT/		Other COLL	De	eclared Value for Carriage	Declared Value for Customs NCV		
10	Airport of Desti	nation		1		sted Flight/	Date/			nount of	Insura	nce	INSUR	RANÇ	E - If carrier offers insu	rance, and such insurance is		
	GHAI PUDOI			1 1 2 N P. 1 N L N		INANACI	DIATELY	LIDO	AL A D	XXX	X	7	to be	insu	n accordance with the cond red in figures in box ma	ditions thereof, indicate amount arked "Amount of Insurance".		
Hanoling	information PLE	ASE	CONTA	CT CONS	SIGNEE	ININIEI	DIATELT	UPOI	IN AR	KIVAL.								
																SCI		
No. of Pieces RCP	Gross Weight						Rate	Total						Nature and Quantity of Goods (incl. Dimensions or Volume)				
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For	Carrier's Use on	lv		Charges at D	estination	7	_	Collect (	,				at	(place		Issuing Carrier or its Agent		
Fur	at Destination	7							1							999-65828302		