


020 | MXP | 18624966

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Shipper's Name and Address <b>CHIEFMAR S.R.L.</b> VIA G.ADAMOLI 261 16138 GENOVA ITALY TE390108360219		Shipper's Account Number		<b>Not negotiable</b> <b>Air Waybill</b> Issued By  LUFTHANSA CARGO		
Consignee's Name and Address <b>MASTER OF C/V BAHAMAS</b> C/O Maxfreight International Logistics (SHA) Ltd C/O Comaco China Ocean Marine Agency Co Ltd Room 910 N.3 Huangpu SHANGHAI TE008615815829072 CN		Consignee's Account Number		Copies 1,2 and 3 of this Air Waybill are originals and have the same validity		
Issuing Carrier's Agent Name and City <b>B. &amp; T. SERVICE S.R.L.</b> VIA G.BRUZZO 2C 16162 GENOVA		Accounting Information <b>Lufthansa-td.flash our ref 814054</b>  <b>SHP IT/EUROPEAN VAT 02697800106</b> <b>CNE CN/USCI 91310109781511144B</b>		Agent's IATA Code  Account No. <b>S103GOA</b>		
Airport of Departure (Addr. Of First Carrier) and Requested Routing <b>MALPENSA</b>		Reference Number <b>02697800106</b>		Imprenditore Non imprenditore <input type="checkbox"/> PF <input type="checkbox"/> SD		
To <b>MUC</b>	By First Carrier <b>LH</b>	Routing and Destination	To <b>EUR</b>	By <b>PP</b>	To <b>PP</b>	
Airport of Destination <b>Shanghai</b>		Flight/Date <b>LH8440/02</b>	Declared Value for Carriage <b>NVD</b>	Declared Value for Customs <b>NCVD</b>		
Handling Information <b>INVOICE NO. 224587 ATTACHED</b>		Amount of Insurance	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'			
<b>PLS CONTACT TEL.008615815829072</b>				SCI <b>X</b>		
No of Pieces RCP	Gross Weight	Rate Class Commodity	Chargeable Weight	Rate / Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
1	2,50		7,50	as agreed	as agreed	SHIP SPARES IN TRANSIT ON BOARD OF C/V BAHAMAS - 1 CARDBOARD BOX Dimensions/ Weight = 44x44x22(1) 2,5 Kg, - OIL SEPARATOR SPARE PARTS NOT RESTRICTED - HS CODE: 84219100
1	2,50				as agreed	
Prepaid		Weight Charge	Collect	Other Charges		POST fee
as agreed				IAT/C 1,86 MOC		
Valuation		Insurance Premium		FUEL 8,63 XRAY 3,00		
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		as agreed		Signature of Shipper or his Agent <b>GIADA CERVETTO</b>		
Total Prepaid		Total Collect		30/11/22 MALPENSA		
as agreed		Currency Conversion Rates		Executed on(Date) at (Place)		
For Carriers Use only ad Destination		Charges at Destination		Total Collect Charges		Signature of Issuing carrier or its Agent

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ORIGINAL 3 (FOR SHIPPER)