GRA	SWK	00006324 /	GRA00006324

Shipper's Name and Address

CODAFLEX ITALIA SRL
VIA REANO, 14/16
10040 RIVALTA DI TORINO TO - IT

Shipper's Account Number

Not Negotiable

Air Waybill

issued by

Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity

Consignee's Name and Address

ABRASIVE TOOL SPECIALIST P/L
UNIT 1 83-85 WEDGEWOOD ROAD
3803 - HALLAM VICTORIA - AU

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 GIVE 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 ghigher value for carriage and paying a supplemental charge if required.

Issuing Carrier's Name and City

- ()

Accounting Information

NON VALE FATTURA AI FINI IVA
NOT CEE TRAFFIC STATUS DOG X

Agent's IATA Code

38471310010

Account No.

Airport of Departure (Addr. Of First Carrier) and Requested Routing

SEGRATE

Codice Fiscale/Partita Iva del mittente

Imprenditore [X] Non Imprenditore [ ] PF [ ] SD [X]

To	By First Carrier	Routing and destination	to	by	to	by	Currency	CHGS Code	WT/VAL PPD	WT/VAL COLL	Other PPD	Other COLL	Declare Value for Carriage	Declare Value for Customs
BNE							EUR		X		X		N.V.D.	N.C.V.

Airport of Destination	Flight/Date For Carrier Use Only	Flight/Date	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' ASSICURAZIONE - Qualora il Vettore offra una assicurazione e tale assicurazione sia richiesta in base alle condizioni indicate a tergo, indicare l'importo da assicurare in cifre nelle casella 'Importo assicurato'
BRISBANE	SQ7979/29+SQ0123/30			

Handling Information

ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS

SCI
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 or Volume)
1 FREIGHT COLLECT	153.00	K		153.00	AS AGREED		ABRASIVE DISCS NOT STACKABLE Dims:1/120x80x60
1	153.00			153.00			0.576 CBM

Prepaid	Weight	Collect	Other Charges	P.B.A. Fee
AS AGREED			AS AGREED	

Valutation Charge	Insurance Premium
	AS AGREED
Tax	**Special Handling**
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 property described by name and is in proper condition for ccarriage by air according to the applicable Dangerous Goods Regulations. Il mittente dichiara che le indicazioni contenute sul fronte LTA sono esatte e che qualora una parte della spedizione contenga merci pericolose tale parte è debitamente indicata ed è nelle condizioni richieste ai fini del trasporto per via aerea secondo le norme sulle Merci Pericolose.
0.00	
Total Other Charges Due Carrier	
0.00	
	CODAFLEX ITALIA SRL
	Signature of Shipper or his Agent
Total Prepaid / **Total Collect**	
Currency Conversion Rates / **CC Charges in Dest. Currency**	27/09/2024 SWK
	Executed on (Date) at (Place)
For Carriers use Only at Destination / **Charge at Destination**	**Total collect Charges**

GRA/00006324

CASS ITALY

ORIGINAL 3 (FOR SHIPPER)