

157	MXP	91044925	91044925	157/91044925	
Shipper's Name and Address  SKYLINE SRL PIAZZA SAN FRANCESCO 1 21047 SARONNO VA - AD PROVA INFO		Shipper's Account Number 12345678901		<b>Not Negotiable</b>  <b>Air Waybill</b> QATAR AIRWAYS  issued by      DOHA QATAR  Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity	
Consignee's Name and Address  NEW CHARTER SRL CORSO ITALIA 2 21047 - GALLARATE VA - AD PROVA INFO CNEE		Consignee's Account Number 12345678901		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 SKYLINE SRL PIAZZA SAN FRANCESCO 1 21047 - SARONNO (VA)		Accounting Information  NOT CEE TRAFFIC STATUS DOG X PROVA ACCOU TING  2 3 4			
Agent's IATA Code 38471310010		Account No.			
Airport of Departure (Addr. Of First Carrier) and Requested Routing MALPENSA MILAN AIRPORT,ITALY		Codice Fiscale/Partita Iva del mittente		Imprenditore   Non Imprenditore   PF <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SD <input checked="" type="checkbox"/>	
To	By First Carrier	Routing and destination	to	by	to
DOH	QATAR AIRWAYS (QCSC)				
Currency	CHGS Code	WT/VAL PPD   COLL	Other PPD   COLL	Declare Value for Carriage   Declare Value for Customs N.V.D.   N.C.V.	
		X	X		
Airport of Destination DOHA		Flight/Date AF 25	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 nella casella 'importo assicurato'			
Handling Information PROVA HANDLIMNG 1 2 3 PROVA					
SCI					
No of Pieces RCP	Gross Weight	Kg lb	Rate Class Commodity Item No.	Chargeable Weight	Rate Charge
1	250.00	K		250.00	2.89
2					
3					
4					
6					
NOTIFY: PIPPO Tel: 027566621 PROVA					
1	250.00			250.00	722.5
Prepaid		Weight	Collect	Other Charges	
		722.5		P.B.A. Fee	
Valuation Charge		Insurance Premium			
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		SKYLINE SRL			
27.82		PROVA RIFERIMENTO			
Total Prepaid		Signature of Shipper or his Agent			
750.32					
Currency Conversion Rates		CC Charges in Dest. Currency		06/08/2024   MXP Executed on   (Date) at   (Place)	
For Carriers use Only at Destination		Charge at Destination		Total collect Charges	

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CASS ITALY

ORIGINAL 3 (FOR SHIPPER)