

057	SWK	73291330	73291330	057/73291330	
Shipper's Name and Address		Shipper's Account Number		Not Negotiable	
CONGREGAZIONE DELLE SUORE TERZIARIE DI S. FRANCESCO RAMO SOLIDARIETA' ONLUS - VIA RONCATO, 22 39042 BRESSANONE BZ - IT				<b>Air Waybill</b> AIR FRANCE COMPAGNIE NATIONALE S.A. issued by 45 RUE DE PARIS-ROISSY CDG FRANCE VIA SARDEGNA 4 00187 ROMA RM	
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	
ST. ELIZABETH CATHOLIC GENERAL HOSPITAL SHISONG PO BOX 8 - KUMBO, BUI DIVISION - CM				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 RONDI INT.FREIGHT FORW. SRL VIA G.DONIZETTI, 40 24040 - CHIGNOLO D'ISOLA (BG)		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 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
DLA	AIR FRANCE				
Currency	CHGS Code	WT/VAL	Other	Declare Value for Carriage	
EUR		PPD COLL	PPD COLL	N.V.D.	
Airport of Destination DOUALA		Flight/Date	For Carrier Use Only	Flight/Date	Amount of Insurance
		AF0531/14+AF0948/16			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 NOTIFY: PADRE PIO HOSPITAL AKWA NORD C/O ARCHDIOCESE OF DOUALA PO BOX 179 DOUALA CAMEROON LITTORAL REGION CTC AKWA NADEGE CARDIACDM@GMAIL.COM PH. +237/676499460/693020193					SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Chargeable Weight	Rate
3	265.00	K	Commodity Item No.	563.50	4.18
FREIGHT PREPAID					
3	265.00			563.50	2355.43
					3.379 CBM
Prepaid		Weight	Collect	Other Charges	
		2355.43		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.			
0.00		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.			
Total Other Charges Due Carrier		CONGREGAZIONE DELLE SUORE TERZIARIE DI S. FRANCESCO EA2400003752			
15.90		Signature of Shipper or his Agent			
Total Prepaid		Total Collect			
2371.33					
Currency Conversion Rates		CC Charges in Dest. Currency		06/11/2024 SWK	
				Executed on (Date) at (Place)	
For Carriers use Only at Destination		Charge at Destination		Total collect Charges	



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)

057/73291330