

eSK		00001969	157/91044925	eSK00001969			
Shipper's Name and Address  CRASTA VIA MAMELI 169 E VIALE VITTORIO VENETO 5 -ANZI 6 20124 NAPOLI VA - AD 3392906198 PORVA INFO		Shipper's Account Number 1233		<b>Not Negotiable</b>  <b>Air Waybill</b> SKYLINE SRL  issued by PIAZZA SAN FRANCESCO 1 SARONNO  Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity			
Consignee's Name and Address  PROVA PROVA VIA MAMELI 169 E VIALE VITTORIO VENETO 5 -ANZI 6 20124 - GALLARATE VA - AD 3392906198 PORVA INFO		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 SKYLINE SRL PIAZZA SAN FRANCESCO 1 - SARONNO ( )		Accounting Information PORVA ACCOUNTIG 2 32 4					
Agent's IATA Code 38471310010		Account No.					
Airport of Departure (Addr. Of First Carrier) and Requested Routing			Codice Fiscale/Partita Iva del mittente				
To By First Carrier Routing and destination to by to by DOH QATAR AIRWAYS (QCSC)			Imprenditore Non Imprenditore PF <input checked="" type="checkbox"/> <input type="checkbox"/> SD <input checked="" type="checkbox"/>				
Currency CHGS Code WT/VAL PPD COLL PPD COLL EUR X X			Declare Value for Carriage N.V.D. Declare Value for Customs N.C.V.				
Airport of Destination DOHA		Flight/Date For Carrier Use Only Flight/Date AF25		Amount of Insurance  <small>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'</small> <small>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'</small>			
Handling Information							
				SCI			
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	250.00	K	PROVA CORPO POLIZZA	250.00	5.00	1250	SPARE PART LAMPS SPARE PART LAMPS
3			PROVA CORPAO POLIZZA				SPARE PART
4			PROVA CORPO POLIZZA				23
5			PROVA CORPO POLIZZA				3
NOTIFY: PIPPO							4
1	250.00			250.00		1250	
Prepaid		Weight		Collect		Other Charges	
		1250				PROVA OTHER CHARGES	
Valutation Charge				Insurance Premium			
				INSURANCE			
Tax				Special Handling			
				PROVA SPCIA 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.			
150.00				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				CRASTA CTAGFAF			
150.00				Signature of Shipper or his Agent			
Total Prepaid		Total Collect					
1550							
Currency Conversion Rates		CC Charges in Dest. Currency		06/08/2024			
				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)