

eSK		00001969	157/91044925	eSK00001969	
Shipper's Name and Address		Shipper's Account Number		Not Negotiable	
CRASTA VIA MAMELI 169 E VIALE VITTORIO VENETO 5 -ANZI 6 20124 NAPOLI VA - AD 3392906198 PORVA INFO		1233		Air Waybill SKYLINE SRL issued by PIAZZA SAN FRANCESCO 1 SARONNO	
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	
PROVA PROVA VIA MAMELI 169 E VIALE VITTORIO VENETO 5 -ANZI 6 20124 - GALLARATE VA - AD 3392906198 PORVA INFO				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			
SKYLINE SRL PIAZZA SAN FRANCESCO 1 - SARONNO ()		PORVA ACCOUNTIG 2 32 4			
Agent's IATA Code		Account No.			
38471310010					
Airport of Departure (Addr. Of First Carrier) and Requested Routing		Codice Fiscale/Partita Iva del mittente		Imprenditore Non Imprenditore PF <input type="checkbox"/> <input checked="" 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	Other	Declare Value for Carriage	
EUR		PPD COLL	PPD COLL	N.V.D.	
Airport of Destination		Flight/Date	For Carrier Use Only	Flight/Date	Amount of Insurance
DOHA	AF25				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'
Handling Information					
					SCI
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Chargeable Weight	Rate
1	250.00	K	Commodity Item No.	250.00	5.00
3					
4					
5					
NOTIFY: PIPPO			PROVA CORPO POLIZZA PROVA CORPO POLIZZA PROVA CORPO POLIZZA PROVA CORPO POLIZZA PROEVA		
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)