

074	SWK	62306930	62306930	074/62306930	
Shipper's Name and Address  SUNRISE S.R.L. VIA MAIELLA, 26 37132 VERONA VR - IT T+39-0458780632		Shipper's Account Number		<b>Not Negotiable</b> <b>Air Waybill</b> KLM ROYAL DUTCH AIRLINES issued by SCHIPOL AIRPORT NETHERLANDS VIA CASSANESE 224 P 20090 MILANO Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity	
Consignee's Name and Address  SUNRISE SRL CO. 315 W. GRAND RIVER AVE. 48823 - EAST LANSING MI - US PH:517-285-4157 abdul.a@sunrise-seeds.com		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 SUNRISE SRL VIA MAIELLA 26 37100 - VERONA (VR)		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 <input checked="" type="checkbox"/> Non Imprenditore <input type="checkbox"/> PF <input type="checkbox"/> SD <input checked="" type="checkbox"/>	
To DTW	By First Carrier KLM	Routing and destination	to	by	to
Currency EUR	CHGS Code	WT/VAL PPD COLL	Other PPD COLL	Declare Value for Carriage N.V.D.	
Airport of Destination DETROIT		Flight/Date KL8820/19+DL0137/21	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 ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS NEW CHARTER SRL has reviewed all available documentation and has determined that none of the cargo being offered in this consignment or consolidation has originated in, transferred from, or transited through any point in Afghanistan, Lybia, Egypt, Somalia, Syria or Yemen.					
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Commodity Item No.	Chargeable Weight
1	178.00	K			178.00
FREIGHT PREPAID					3.20
1	178.00				178.00
Total				569.6	
Nature and Quantity of Goods (incl. Dimensions or Volume) NR.11 CARTONS ON 1 PLT ALUMINIUM FOILS SUNRISE BRAND HS CODE: 3923299000 Dims:1/120x80x90 0.864 CBM					
Prepaid		Weight		Collect	
569.6					
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		SUNRISE S.R.L.			
Total Other Charges Due Carrier		Signature of Shipper or his Agent			
10.68					
Total Prepaid		Total Collect			
580.28					
Currency Conversion Rates		CC Charges in Dest. Currency		17/02/2025 SWK Executed on (Date) at (Place)	
For Carriers use Only at Destination		Charge at Destination		Total collect Charges	



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)

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