

020	SWK	19563515	19563515	020/19563515	
Shipper's Name and Address TECNOVIDUE S.R.L. VIA CAMIA 10 29122 PIACENZA PC - IT		Shipper's Account Number N.Ci-Abj-03-2023-B21-00086		Not Negotiable Air Waybill LUFTHANSA LINEE AEREE GERMANICHE SPA issued by VON GABLENZ STRASSE COLOGNE CORSO MATTEOTTI, 20121 MILANO Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity	
Consignee's Name and Address ALTERA INFRASTRUCTURE VOYAGEUR A C/O ENI COTE D IVOIRE. IMMEUBLE PALM TOWER 6IEME ETAGE - MARCORY ABIDJAN - CI .BOULEVARD DE MARSEILLE, ZONE 4C COMPANY		Consignee's Account Number N.Ci-Abj-03-2023-B21-00086		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 HOL HOUSE OF LIQUIDS SRL VIA ANTON MARIA MARAGLIANO,2/5 16100 - GENOVA (GE)		Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X TDFLAS/2XF			
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 ABJ	By First Carrier LUFTHANSA	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 ABIDJAN		Flight/Date LH6379/13+SN0229/15	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 NOTIFY:INTERFREIGHT& LOGISTICS VGE KOUMASSI, RESIDENCE HALAMA, VILLA 64 ATTN: EMILE KOSSONOU PN: +225 0505054170					SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Chargeable Weight	Rate
1	690.00	K	Commodity Item No.	690.00	5.00
FREIGHT PREPAID				3450	
1	690.00			690.00	3450
Prepaid		Weight	Collect	Other Charges	
		3450		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		TECNOVIDUE S.R.L. Signature of Shipper or his Agent			
Total Other Charges Due Carrier					
600.55					
Total Prepaid		Total Collect			
4050.55					
Currency Conversion Rates		CC Charges in Dest. Currency		12/03/2025 SWK Executed on (Date) at (Place)	
For Carriers use Only at Destination		Charge at Destination		Total collect Charges	



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ORIGINAL 3 (FOR SHIPPER)

020/19563515