229	MXP	17371874	7371874						229/17371874					
Shipper'	s Name and Address	Ship	Shipper's Account Number				Not Negotiable							
						Air Way	KUV	KUWAIT AIRWAYS CORPORATION						
FIDIA FARMACEUTICI SPA VIA PONTE DELLA FABBRICA 3/A 35031 ABANO TERME PD - IT						issued	_	KUWAIT INTERNATIONAL AIRPORT VIA BARBERINI 5 00187 ROMA						
Consignee'	s Name and Address		Copies 1, 2 and 3 of t				his Air Waybill are originals and have the same validity							
UNITEI QEBLA - KUW	D PHARMA INTER TOWER 28TH FL' AIT CITY - KW bed.alsaber@bettal			It is agreed that the goods described herein are accepted in apparent good order and condition (exconoted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CALL UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVE HEREON BY THE SHIPPER, AND SHI AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WITHE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NC CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liabil declaring a ghigher value for carriage and paying a supplemental charge if required.						THE REVERSE HEREOF. ALL AD OR ANY OTHER CARRIER THE SHIPPER, AND SHIPPER E STOPPING PLACES WHICH IS DRAWN TO THE NOTICE ase such limitation of liability by				
Issuing Carrier's Name and City							Accounting Information							
	H LOGISTIC GROU			NON VA	NON VALE FATTURA AI FINI IVA									
	FRANCIA 7/I - GENOVA ITALY			NOT CEE TRAFFIC STATUS DOG X										
Agent's IA	ATA Code	Account No.												
3847131														
Airport of Deparature (Addr. Of First Carrier) and Requested Routing						Codice Fiscale/Partita Iva								
To	By First Carrier	Routing and	to	by to	by	Currency	CHGS	WT/VAL			dlare Value for Carriag	BD X Declare Value for Customs		
KWI	KUWAIT AIRWAY	destination				EUR	Code	X	T	X N.	.V.D.	N.C.V.		
Airport of D	estination	Flight/Date	For Carrier Use	Only I	Flight/Date	Amount of I	nsurance				insurance, and such insurance in nsured in figures in box marked	s requested in accordance with the conditions		
KUWA			ASSICURAZIONE - Qualora il Vettore offra una assicurazione e tale assicurazione sia richiesta in b condizioni indicate a tergo, indicare l'importo da assicurare in cifre nelle casella 'Importo assicurato'							e tale assicurazione sia richiesta in base alle				
NOTIF	Y: UNITED PHARM Y: BETTALIFE TRA MERGENCY CONT Gross Weight Kg lb	DING FZC RAS	AL KHAIMA MBER PH	AH ECON +96599668 geable	OMIC ZO	ONE UAE	-			Nature and	CITY KUWAIT	SCI X		
	IT PREPAID	E +2+8 WHENEVE	Item No. 2+8 WHENEVER POSSIBLE			Charge 2.10		9223.2	!	HS CODE 30049000 OPHTHALMIC SOLUTIONS FREIGHT PREPAID Dims:18/120x80x1453/120x80x45				
21	2118.07			4392.00				9223.2	-		26	.352 CBM		
	paid Weig		Collect	Other Charge	es					P.B.	A. Fee			
9223.2 Valutation Charge					Insurance Premium									
		ax		Special Hand	llina									
_					•									
	Total Other Ch		hipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment ontains dangerous goods, such part is property described by name and is in proper condition for ccarriage by air											
0.00 Total Other Charges Due Carrier					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									
	114.58					via aerea secondo le norme sulle Merci Pericolose. FIDIA FARMACEUTICI SPA Signature of Shipper or his Agent								
	Total Prepaid	Total Coll	ect											
Curre	9337.78 ncy Conversion Rates	CC Charges in De	CC Charges in Dest. Currency			XP								
For Carrie	ers use Only at Destination	Charge at Des	Charge at Destination			ate) at		(Place)						
	•										229	9/17371874		

