

229	MXP	17371874	17371874	229/17371874
Shipper's Name and Address		Shipper's Account Number	Not Negotiable Air Waybill KUWAIT AIRWAYS CORPORATION issued by KUWAIT INTERNATIONAL AIRPORT VIA BARBERINI 50 00187 ROMA Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity	
FIDIA FARMACEUTICI SPA VIA PONTE DELLA FABBRICA 3/A 35031 ABANO TERME PD - IT				
Consignee's Name and Address		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.	
UNITED PHARMA INTERNATIONAL QEBLA TOWER 28TH FLOOR, QEBLE BLOCK 13 - KUWAIT CITY - KW mail: seed.alsaber@bettalife.me				
Issuing Carrier's Name and City INPATH LOGISTIC GROUP SRL VIA DI FRANCIA 7/I 16149 - GENOVA ITALY (GE)				
Agent's IATA Code		Account No.	Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X	
38471310010				
Airport of Departure (Addr. Of First Carrier) and Requested Routing			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"/>
MALPENSA MILAN AIRPORT, ITALY				
To	By First Carrier	Routing and destination	to	by
KWI	KUWAIT AIRWAYS			
Currency	CHGS Code	WT/VAL	Other	Declare Value for Carriage N.V.D.
EUR		PPD COLL	PPD COLL	Declare Value for Customs N.C.V.
		X	X	
Airport of Destination		Flight/Date	For Carrier Use Only	Flight/Date
KUWAIT		KU0164/05		
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: UNITED PHARMA INTERNATIONAL QEBLA TOWER 28TH FLOOR QEBLE BLOCK 13 KUWAIT CITY KUWAIT- NOTIFY: BETTALIFE TRADING FZC RAS AL KHAIMAH ECONOMIC ZONE UAE- H24 EMERGENCY CONTACT PHONE NUMBER PH+96599668901- CTC DR.SAEED ALSABER				
				SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Commodity Item No.
21	2118.07	K		
FREIGHT PREPAID PLS KEEP AT TEMPERATURE +2+8 WHENEVER POSSIBLE				
21	2118.07			
Prepaid		Weight	Collect	Other Charges
		9223.2		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				
Total Other Charges Due Carrier		FIDIA FARMACEUTICI SPA		
114.58		EA/25/00406		
Total Prepaid		Signature of Shipper or his Agent		
9337.78				
Currency Conversion Rates		CC Charges in Dest. Currency		
		19/03/2025 MXP		
		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)