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VIA MARCANTONIO DAL RE, 10															ROMA									
	MILANO MI - I																				_			
INFO@MAMMAFOTOGRAMMA.COM Consignee's Name and Address Consignee's Account Number										Copies 1	Copies 1, 2 and 3 of this Air Waybill are originals and have the sam							ne va	lidity	_				
Consignee 5 Account Number											It is agreed that the goods described herein are accepted in apparent good order and condition (exconded) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREO													
MADIS	TIAN DIOR IN ON AVENUE ! - NEW YORK	510		СНА	NDISII	NG		GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIE UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVE HEREON BY THE SHIPPER, AND SHIPPE AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICE THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTIC CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability declaring a ghigher value for carriage and paying a supplemental charge if required.									R R H E							
Issuing (Carrier's Name a	nd City	/							Accounting Information														
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VIA SAPONARA 614										NOT CEE TRAFFIC STATUS DOG X														
- ROM	A ()																							
Agent's IATA Code Account No.																								
38471310010																								
Airport of Deparature (Addr. Of First Carrier) and Requested Routing										Codice F	ra del mittente Imprenditore Non I						Impr	enditore PF						
MALPENSA MILAN AIRPORT,ITALY																	X			SD X	ā			
То	By First Carrier			Routing and destination	to	by	to)	by	Currency	CHGS Code		/VAL		Othe PD (Dedlare Value	for Carriage	Dec	clare Value for Custom	ıS			
JFK	TAP PORTU	GAL								EUR		х		,		l,	N.V.D.		N.	C.V.				
			1										INSUF	RANG	CE - If c	arrier offe	rs insurance, and s	such insurance is re	quested i	n accordance with the condition	ns			
Airport of Destination Flight/Date For Carrier Use O							Inly Flight/Date			Amount of		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 all							lle					
NEW YORK TP827/27+TP209/28 Handling Information														zioni	indicate	a tergo, ii	ndicare l'importo da	assicurare in cifre r	nelle case	lla 'Importo assicurato'	_			
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Total Prepaid Total Collect						\dashv	Signature of Shipper or his Agent										_							
				. 510. 60.100.																	_			
Curre	ncy Conversion Ra	tes	CC Charges in Dest. Currency				22/04/202		MΣ						[200]									
For Carriers use Only at Destination Charge at Destination						Executed on (Da Total collect Ch				ate) at arges											_			
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