

020	FCO	19565291	19565291	020/19565291				
Shipper's Name and Address BRANCACCIO RAFFAELE VIA MARITTIMA N.67 - CAP 80056 ERCOLANO 80056 NAPOLI NA - IT TE00390817390218		Shipper's Account Number		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 ZAID GEMS H N 42 43 MOHALLA SIRKI GRAN 302001 - 5TH CROSSING, CHANDPOLE BAZAR, JAIPUR - IN		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 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					
Agent's IATA Code 38471310010		Account No.						
Airport of Departure (Addr. Of First Carrier) and Requested Routing FIUMICINO			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 DEL	By First Carrier LUFTHANSA	Routing and destination	to by to by	Currency EUR CHGS Code WT/VAL PPD COLL PPD COLL Other PPD COLL X X X Declare Value for Carriage N.V.D. Declare Value for Customs N.C.V.				
Airport of Destination DELHI		Flight/Date LH7495/09+LH0762/11	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 NOTIFY: EMAIL: SALIKAHMED123@REDIFFMAIL.COM TELEFONO: 00919828612658- 00919982052441				SCI X				
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Commodity Item No.	Chargeable Weight	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
2	54.05	K			55.00	15.95	877.25	RAW CORAL HS CODE 05080010 Dims:2/45x45x45
2	54.05				55.00		877.25	0.182 CBM
Prepaid		Weight		Collect	Other Charges			P.B.A. Fee
		877.25						
		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.			
		350.00			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.			
		Total Other Charges Due Carrier			BRANCACCIO RAFFAELE			
		51.58			Signature of Shipper or his Agent			
Total Prepaid		Total Collect						
1278.83								
Currency Conversion Rates		CC Charges in Dest. Currency			06/05/2025 FCO			
					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)