GRA	MXP		0000	01725	,	/	GRA0000									172	25					
Shipper	s Name and Add	Iress	Shipper's Account Number								gotiable											
CHROMAVIS SPA VIA EDWIN P.HUBBLE 2-4										Air Waybill												
										issued	by											
26010 OFFANENGO CR - IT										Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity												
Consignee's Name and Address Consignee's Account Number																				on loves	ont ac	
SUITE	LEON PERDIS A 593 601 BO ROSEBERY N	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 DEBMS 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										Accounting Information												
										NON V	A AI FINI IVA											
- ()										NOT CEE TRAFFIC STATUS DOG X												
Agent's IA	ATA Code	- 1	Accoun	t No.						1												
38471310010																						
Airport of Deparature (Addr. Of First Carrier) and Requested Routing										Codice F	Codice Fiscale/Partita Iv				ente		Imprenditore Non Imprendit					
MALPENSA MILAN AIRPORT, ITALY To By First Carrier Routing and to							by	to	by	Currency	CHGS		VAL				dlare Value for Carria	ge	 Declare Valu	SD e for Cus	stoms	
			\	destination		ł		İ	ŀ		Code	PPD	COLL	PPI	D COL	L		ł				
SYD										EUR		X		X		N	.V.D.		N.C.V.			
Airport of Destination Flight/Date For Carrier Use C							Only	F	light/Date	Amount of	Amount of Insurance				INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the thereof, indicate amount to be insured in figures in box marked 'amount of insurance'							
SYDNEY SQ0355/23 Handling Information																	Vettore offra una assicurazione care l'importo da assicurare in c				ase alle	
_	OSED ONE EN	VELC	PE C	ONTAINING	G SHI	PPI	NG [OCU	MENTS											SCI X		
No of Pieces	Gross Weight	Kg lb	Rate	Class Commodity		Char	geable ht	е	Rate		Total	1		Nature and Quantity of Goods (incl. Dimensions or Volume)								
RCP		50.00 1/		Item No.	_					Charge				1	,							
1 FREIGH	1	50.00 K COLLECT				•	100.00	AS A	GREED					HS CO	SMETICS CODE 33049100 EIGHT COLLECT ns:1/120x100x40							
1	50.00							100.00										0.48	СВМ			
Prepaid Weight Collect								er Charges								P.B.A. Fee						
AS AGREED Valutation Charge								AS AGREED Insurance Premium														
							AS	AS AGREED														
Tax								Special Handling														
Total Other Charges Due Agent							Shi	ppor cor	ifice that	the particula	are on the f	faco h	oroof	aro	corro	ct ar	nd that insofar as a	nny n	art of the c	onsign	mont	
0.00							cor	itains da	ngerous g		part is pro	perty	descr	ribed	by n		and is in proper c					
Total Other Charges Due Carrier							ll m	ittente d	chiara ch	e le indicazi	oni conteni	ute su	l fron	te L	TA so		satte e che qualora					
0.00							via	contenga merci pericolose tale parte è debitamente indicata ed è nelle condizioni richieste ai fini del trasporto pe via aerea secondo le norme sulle Merci Pericolose.														
							CH	ROMAV	S SPA			Signati	ire of ^c	Shinn	ner or h	is Ann	ent				XX	
Total Prepaid Total Collect						_	\vdash	Signature of							vei OI N	s Age	эт.					
Currency Conversion Batter					+ C	na::	24	0E/2025		1 ∨D												
Currency Conversion Rates CC Charges in Dest. Currence						iicy /	ł	05/2025 cuted on		MXP Date) at												
For Carrie	ers use Only at Dest		Charge at Dest	1	Total	collect Cl	harges							0.5	A /-		4 —					



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