

020	SWK	50091241	50091241	020/50091241
Shipper's Name and Address SARTORI RIDES SRL VIA LUPPIA SAN ZENO 15 35044 MONTAGNANA PD - IT PH: 042983674		Shipper's Account Number		Not Negotiable Air Waybill LUFTHANSA LINEE AEREE GERMANICHE SPA issued by VON GABLENZ STRASSE COLOGNE Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity
Consignee's Name and Address SELA COMPANY KING KHALID ROAD 7160, UNIT NO. 13 - DIRIYAH - 13714-5300 - SA +966 567677725		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 gghier value for carriage and paying a supplemental charge if required.
Issuing Carrier's Name and City INPATH LOGISTIC GROUP SRL VIA DI FRANCIA 7/I 16149 - GENOVA ITALY (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 SEGRATE			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 RUH	By First Carrier LUFTHANSA	Routing and destination	to by to by	Currency EUR CHGS Code WT/VAL PPD COLL PPD COLL X X Declare Value for Carriage N.V.D. Declare Value for Customs N.C.V.
Airport of Destination RIYADH,KSA		Flight/Date LH7501/03+LH0640/04	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 NOTIFY PARTY:YUSUF BIN AHMED KANOO COMPANY LTD. P.O BOX 753, KING ABDUL AZIZ ROAD, RIYADH 11421 - Amer.albarqe@kanoo.com				
				SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Commodity Item No.
1	158.00	K		
FREIGHT PREPAID				
1	158.00			
Prepaid		Weight	Collect	Other Charges
		442.4		FF 0,25 GT 3,16 GT 1,9
Valutation 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.		
0.00		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		SARTORI RIDES SRL EA/25/01437		
139.60		Signature of Shipper or his Agent		
Total Prepaid		Total Collect		
582				
Currency Conversion Rates		CC Charges in Dest. Currency		
		03/11/2025 SWK		
		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)