

020	SWK	19564860	19564860	020/19564860		
Shipper's Name and Address CHANT & KOOK MEDICAL SRL VIA SASSI 66 15048 VALENZA AL - IT TE 01311671391		Shipper's Account Number TAX ID 01026060325		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 TERTIARY SISTERS OF ST. FRANCIS - ST.ELIZABETH CATHOLIC HOSPITAL - NEW CARDIAC CENTRE POB 8 KUMBO NSO BUI DIV. - NWP CAMEROUN - CM TE. 237/676499460		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 ghighter value for carriage and paying a supplemental charge if required.		
Issuing Carrier's Name and City RONDI INT.FREIGHT FORW. SRL VIA G.DONIZETTI, 40 24040 - CHIGNOLO D'ISOLA (BG)		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 Non Imprenditore PF <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SD <input checked="" type="checkbox"/>		
To DLA	By First Carrier LUFTHANSA	Routing and destination	to by to by	Currency EUR CHGS Code WT/VAL PPD COLL Other PPD COLL Declare Value for Carriage N.V.D. Declare Value for Customs N.C.V.		
Airport of Destination DOUALA		Flight/Date LH7521/30+SN0379/03/5/25		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: PADRE PIO HOSPITAL AKWA NORD C/O ARCHDIOCESE OF DOULA PO BOX 179, DOULA PO BOX 179 DOULA CAMEROON LITTORAL REGION MR AKWA NADEGE CARDIACDM@GMAIL.COM- PH:+237/676499460/693020193					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)
21	61.50	K		163.50	4.18	683.43
21	61.50			163.50		683.43
Prepaid			Weight			Collect
			683.43			
Valuation Charge						
Tax						
Total Other Charges Due Agent			0.00			
Total Other Charges Due Carrier			6.48			
Total Prepaid			689.91			
Total Collect						
Currency Conversion Rates			CC Charges in Dest. Currency			29/04/2025 SWK Executed on (Date) at (Place)
For Carriers use Only at Destination			Charge at Destination			Total collect Charges

020/19564860



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)