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WESTAIR HELICOPTERS SRL VIA GABRIELE D'ANNUNZIO 4 21010 VIZZOLA TICINO VA - IT +39 329 635 7233									issued		45 RUE DE PARIS-ROISSY CDG FRANCE VIA SARE 00187 ROMA RM											
SIMONE.SECRETO@WESTAIR-HELICOPTERS.COM										Copies 1,	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										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												
JOSEP - PORT LOUEN	IS AVIATION H RENDJAME F GENTIL GA IBET GEORG Carrier's Name a	BE ISS BON ES	SANI - GA	INTERNATI		_ AIR	PORT	ГРОЕ	3OX 12	GOODS M UNLESS S AGREES T THE CARF CONCERN declaring a	AY BE CA PECIFIC CO THAT THE RIER DEEN IING CARR ghigher val	RRIED ONTRA SHIPMI IS APF ER'S L ue for c	BY A RY IN ENT M PROPF IMITA Parriage	NY ISTE MAY RIA [*]	OTHER RUCTION BE CAI TE. THE N OF LIA	MEANS IS ARE RRIED ' SHIPP ABILITY	F CONTRACT O 6 INCLUDING RC GIVE HEREON B VIA INTERMEDIA ER'S ATTENTIOI . Shipper may inc emental charge if	OAD OR Y THE S TE STO N IS DI rease si	: ANY OTI SHIPPER, DPPING PI RAWN TO uch limitation	HER CAF AND SHI LACES V THE NO	RRIER PPER /HICH DTICE	
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Airport of D			Flight/		For Carr		-		ght/Date	Amount of	INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the reof, indicate amount to be insured in figures in box marked 'amount of insurance' ASSICURAZIONE - Qualona il Vettore offis una assicurazione e tale assicurazione sia richi									i		
PORT (_		AFC)531/02+AF	0926/	04+A	F0/10	6/07					condiz	zioni i	ndicate a ter	o, indicare	l'importo da assicurare in	cifre nelle	casella 'Importo	assicurato'		
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