

01 MXP 00008529 047/31895813 01 00008529

Shipper's Name and Address GRAFIKONTROL SPA VIA LUDOVICO D'ARAGONA 7 20132 MILANO - IT 022100951 INV. PFV25-0067 DTD 06.02.25	Shipper's Account Number 00796010155	<b>Not Negotiable</b> <b>Air Waybill</b> AIRSEALAND FRANCO BONARETTI SRL issued by VIA CALABRIA 3 MILANO
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Consignee's Name and Address LUA NOVA IND. E COM., PROD. ALIMENTICIOS LTDA RUA AGRIMENSO SUGAYA 1600 - SAO PAULO SP 08260-030 - BR CNPJ 62.461.140/0019-43	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.
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Issuing Carrier's Name and City AIRSEALAND FRANCO BONARETTI SRL VIA CALABRIA 3 - MILANO	Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC
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Agent's IATA Code 38471310010	Account No.
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Airport of Departure (Addr. Of First Carrier) and Requested Routing MALPENSA MILAN AIRPORT, ITALY	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: GRU By First Carrier: TAP PORTUGAL Routing and destination: to by to by	Currency: EUR CHGS Code: WT/VAL PPD COLL PPD COLL Other: X X	Declare Value for Carriage: N.V.D. Declare Value for Customs: N.C.V.

Airport of Destination GUARULHOS SAO PAULO	Flight/Date TP083/13	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 offre una assicurazione e tale assicurazione sia richiesta in base alle condizioni indicate a tergo, indicare l'importo da assicurare in cifre nelle casella 'importo assicurato'
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Handling Information	SCI
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No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Commodity Item No.	Chargeable Weight	Rate	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
1	1.10	M			2.00	245.00	245.00	MOTOR BRACKET + MOTOR MT000501 MA00301.A/ASS/1 HS CODE 84439199 Dims:1/30x20x20
1	1.10				2.00		245.00	0.01 CBM

Prepaid	Weight	Collect	Other Charges	P.B.A. Fee
	245.00			
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 carriage by air according to the applicable Dangerous Goods Regulations.	
			0.00	
Total Other Charges Due Carrier			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.	
			299.00	
Total Prepaid			AIRSEALAND FRANCO BONARETTI AS AGENT OF THE CARRIER XX	
Total Collect			Signature of Shipper or his Agent	
			544	
Currency Conversion Rates			10/02/2025 MXP Executed on (Date) at (Place)	
CC Charges in Dest. Currency				
Charge at Destination			Total collect Charges	

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CASS ITALY

ORIGINAL 3 (FOR SHIPPER)