

ECR	SWK	25003191	057/54622750	ECR25003191										
Shipper's Name and Address  NEW CLINICALRENT SRL VIA V.S. BREDA, 32/2 35010 LIMENA PD - IT +39 049 768470 info@newclinicalrent.com		Shipper's Account Number 04819120280		<b>Not Negotiable</b>  <b>Air Waybill</b> CRASTA e CO. SRL  issued by      CORSO GARIBALDI 367 NAPOLI  Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity										
Consignee's Name and Address  CJ RAPID DIAGNOSTICS INC/SKIN 80 MICRO COURT, UNIT 101 L3R9Z5 - MARKHAM HUJ IAYI email; hujaiyi27@gmail.com		Consignee's Account Number  ON - CA +1 (647)521-4386		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 insuring a higher value for carriage and paying a supplemental charge if required.										
Issuing Carrier's Name and City CRASTA e CO. SRL CORSO GARIBALDI 367 - NAPOLI                      ( )				Accounting Information  NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X SPOT : SP-207428-68176381										
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		SD		X		
To	By First Carrier	Routing and destination	to	by	to	by	Currency	CHGS Code	WT/VAL	Other	Declare Value for Carriage		Declare Value for Customs	
YYZ	AIR FRANCE						EUR		PPD	COLL	PPD	COLL	N.V.D.	N.C.V.
Airport of Destination TORONTO		Flight/Date      For Carrier Use Only      Flight/Date		AF0531/08+AF0356/11		Amount of Insurance		<small>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"</small> <small>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"</small>						
Handling Information .														
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)				
1	280.00	K				280.00	AS AGREED			GENERAL CARGO MEDICAL INSTRUMENTS HS CODE: 90189084 1 PLT; 280 KG Dims:1/100x70x120  <div style="text-align: right;">0.84 CBM</div>				
1	280.00					280.00								
Prepaid      Weight      Collect			Other Charges							P.B.A. Fee				
AS AGREED			AS AGREED											
Valutation Charge			Insurance Premium											
			AS AGREED											
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														
0.00														
			NEW CLINICALRENT SRL							EXA2500319				
			Signature of Shipper or his Agent											
Total Prepaid			Total Collect											
Currency Conversion Rates			CC Charges in Dest. Currency		05/03/2025      SWK									
					Executed on      (Date) at      (Place)									
For Carriers use Only at Destination			Charge at Destination		Total collect Charges									

ECR/25003191



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)