

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		Not Negotiable Air Waybill 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 entering 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 ()												
Agent's IATA Code 38471310010		Account No.										
Airport of Departure (Addr. Of First Carrier) and Requested Routing SEGRATE				Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X SPOT : SP-207428-68176381								
Codice Fiscale/Partita Iva del mittente		Imprenditore Non Imprenditore PF <input type="checkbox"/>		SD <input checked="" type="checkbox"/>								
Currency CHGS Code WT/VAL Other Declare Value for Carriage Declare Value for Customs												
To	By First Carrier	Routing and destination	to	by	to	by						
YYZ	AIR FRANCE											
Airport of Destination TORONTO		Flight/Date For Carrier Use Only Flight/Date		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			
1	280.00				280.00				0.84 CBM			
Prepaid		Weight		Collect		Other Charges			P.B.A. Fee			
AS AGREED						AS AGREED						
Valuation 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 carriage 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						NEW CLINICALRENT SRL			EXA2500319			
						Signature of Shipper or his Agent						
Total Prepaid												
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)