

ECR FCO 25004891 014/34875923 ECR25004891

Shipper's Name and Address: DEMA SPA, VIA DEI FIORENTINI 21, 80133 NAPOLI NA - IT +39 0818934108
 Shipper's Account Number: 06702630630
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: AIRBUS ATLANTIC CANADA, 11 745 RUE JACQUELINE AURIO, J7N 1H4 - MIRABEL QC - CA +1 4384584476, SMAHANE.QUOTB@STELIA-AEROSPACE.COM
 Consignee's Account Number: [Blank]
 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 ghigher 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

Agent's IATA Code: 38471310010
 Account No.: [Blank]

Airport of Departure (Addr. Of First Carrier) and Requested Routing: FIUMICINO
 Codice Fiscale/Partita Iva del mittente: [Blank]
 Imprenditore Non Imprenditore PF SD

To	By First Carrier	Routing and destination	to	by	to	by	Currency	CHGS Code	WT/VAL PPD COLL	Other PPD COLL	Declare Value for Carriage	Declare Value for Customs
YUL	AIR CANADA						EUR		X	X	N.V.D.	N.C.V.

Airport of Destination: MONTREAL
 Flight/Date: AC0893/06
 For Carrier Use Only: [Blank]
 Flight/Date: [Blank]
 Amount of Insurance: [Blank]
 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'

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)
4	360.00	K			1000.00	AS AGREED		GENERAL CARGO AIRCRAFT DOOR ASSY HS CODE: 88073000 4 PLTS; 360 KG Dims:4/200x100x75
4	360.00				1000.00			6 CBM

Prepaid AS AGREED	Weight	Collect	Other Charges AS AGREED	P.B.A. Fee
Valuation Charge			Insurance Premium AS AGREED	
Tax			Special Handling	
Total Other Charges Due Agent 0.00			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.	
Total Other Charges Due Carrier 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 Prepaid			DEMA SPA Signature of Shipper or his Agent EXA2500489	
Total Collect				
Currency Conversion Rates		CC Charges in Dest. Currency	01/04/2025 FCO	(Place)
			Executed on (Date) at	
For Carriers use Only at Destination		Charge at Destination	Total collect Charges	

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CASS ITALY

ORIGINAL 3 (FOR SHIPPER)