

ECR	FCO	25005041	014/34875934	ECR25005041
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		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 XPS/PRIORITY		
Agent's IATA Code 38471310010		Account No.		
Airport of Departure (Addr. Of First Carrier) and Requested Routing FIUMICINO			Codice Fiscale/Partita Iva del mittente	Imprenditore Non Imprenditore PF <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SD <input checked="" type="checkbox"/>
To YUL	By First Carrier AIR CANADA	Routing and destination	to by to by	Currency CHGS Code WT/VAL Other PPD COLL PPD COLL EUR X X Declare Value for Carriage N.V.D. Declare Value for Customs N.C.V.
Airport of Destination MONTREAL		Flight/Date AC0893/08	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 GOODS NOT STACKABLE				
				SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class Commodity Item No.	Chargeable Weight Rate Charge 1 58.00 K FREIGHT PREPAID 1152.00 AS AGREED 1 58.00 1152.00 0.778 CBM
Prepaid AS AGREED		Weight Collect		Other Charges AS AGREED Insurance Premium AS AGREED Special Handling
Valuation Charge				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. 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.
Tax				
Total Other Charges Due Agent 0.00				
Total Other Charges Due Carrier 0.00				DEMASPA <div style="text-align: right;">EXA2500504</div>
Total Prepaid		Total Collect		Signature of Shipper or his Agent
Currency Conversion Rates		CC Charges in Dest. Currency		07/04/2025 FCO Executed on (Date) at (Place)
For Carriers use Only at Destination		Charge at Destination		Total collect Charges

ECR/25005041



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)