

ECR SWK 25013011 057/59476771 ECR25013011

Shipper's Name and Address NEWCOMEN SRL VIA DELLA BETULLA, 7 20851 LISSONE MB - IT + 39 039 480891 INFO@GALVI.COM	Shipper's Account Number 00968390963	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 ROTATOR PRODUCTS LTD. 101 INNOVATION DRIVE "UNIT 8" L4H 0S3 - WOODBRIDGE ON - CA	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 higher value for carriage and paying a supplemental charge if required.
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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-207428-72341648
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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 SEGRATE	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: YYZ By First Carrier: AIR FRANCE 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 TORONTO	Flight/Date For Carrier Use Only AF0531/04+AF0356/06	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
ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS

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	134.00	K			134.00	AS AGREED		METALLIC BUFFERS HS CODE: 84314980 GENERAL CARGO 1 CASE; 134 KG Dims:1/86x66x70
1	134.00				134.00			0.397 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		
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.		
		0.00		
Total Prepaid		NEWCOMEN SRL		EXA2501301
Total Collect		Signature of Shipper or his Agent		
Currency Conversion Rates	CC Charges in Dest. Currency	31/07/2025	SWK	(Place)
		Executed on (Date) at (Place)		
For Carriers use Only at Destination	Charge at Destination	Total collect Charges		

ECR/25013011



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)