

01	SWK	00008570	045/15241166	01 00008570
Shipper's Name and Address CONCETTI SPA VIA DELLA COMUNITA' 14 FRAZ. OSPEDALICCHIO 06083 BASTIA UMBRA PG - IT 075 801561 INV. 3740 DTD 16.09.25		Shipper's Account Number 000000000000000000		Not Negotiable Air Waybill AIRSEALAND FRANCO BONARETTI SRL issued by VIA CALABRIA 3 MILANO Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity
Consignee's Name and Address TROUW NUTRITION BRASIL NUTRICAO ANIMAL LTDA AVENIDA PINO VENDRAMINI 1550 JARDIM SAO BERNARDO 1 - 15132 112 MIRASSOL - BR		Consignee's Account Number 03.022.008/0001-47		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 GIVEN 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.
Issuing Carrier's Name and City AIRSEALAND FRANCO BONARETTI SRL VIA CALABRIA 3 - MILANO ()			Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG	
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 <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> SD <input checked="" type="checkbox"/>
To	By First Carrier	Routing and destination	to	by
VCP	LATAM AIRLINES GROUP S.A.			
Currency	CHGS Code	WT/VAL	Other	
EUR		PPD COLL	PPD COLL	
		X	X	
Declare Value for Carriage		Declare Value for Customs		
N.V.D.		N.C.V.		
Airport of Destination VIRACOPOS		Flight/Date LA1517/21	For Carrier Use Only Flight/Date	
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 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'		
Handling Information MARKS: ADDRESS 00008570 - 1 CARTON ENCLOSURES: COMM.INVOICE - P.LIST				
				SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Commodity Item No.
1	18.00	M		
FREIGHT COLLECT				
1	18.00			
Chargeable Weight		Rate		Total
18.00		Charge		275.00
18.00				275.00
Nature and Quantity of Goods (incl. Dimensions or Volume)				
SPARE PARTS NCM 84229090 - 84836080 - 8536.50.90 Dims: 1/80x32x33 HS CODE: 84229090 - 84836080 0.08 CBM				
Prepaid		Weight		Collect
		275.00		
Valuation Charge		Insurance Premium		
Tax		Special Handling		
Total Other Charges Due Agent		469.00		
Total Other Charges Due Carrier		0.00		
Total Prepaid		Total Collect		744
Currency Conversion Rates		CC Charges in Dest. Currency		19/09/2025 SWK
				Executed on (Date) at (Place)
For Carriers use Only at Destination		Charge at Destination		Total collect Charges

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CASS ITALY

ORIGINAL 3 (FOR SHIPPER)