

eSK	FCO	00001982	643/10230640	eSK00001982													
Shipper's Name and Address  SOFARMAMORRA GROUP CIS DI NOLA ISOLA 8, LOTTO 8078 80035 NOLA NA - IT 3355774950 AOG@SKYSTAR.IT		Shipper's Account Number IT05145661004		<b>Not Negotiable</b>  <b>Air Waybill</b> SKY STAR SERVICES SRL  issued by VIA DOSSO ALTO 68 FIUMICINO  Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity													
Consignee's Name and Address  FOCUS PHARMA LTD 37 GERONIMO ABOS STREET 1022 - MALTA MT - MT T: +356 2569 1302 IMPORTAIR@GOLLCHER.COM		Consignee's Account Number MT22000734		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 SKY STAR SERVICES SRL VIA DOSSO ALTO 68 - FIUMICINO                      ()			Accounting Information														
Agent's IATA Code 38471310010																	
Airport of Departure (Addr. Of First Carrier) and Requested Routing FIUMICINO			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	By First Carrier	Routing and destination	to	by	to	by	Currency	CHGS Code	WT/VAL	Other	PPD	COLL	PPD	COLL	Declare Value for Carriage	Declare Value for Customs	
MLA	AIR MALTA /SIM						EUR					X			X	N.V.D.	N.C.V.
Airport of Destination MALTA		Flight/Date KM0615/29		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 TEMPERATURE BETWEENN + 15 + 25 Â° DEGREE/ CELSIUS WHERE POSSIBLE																	
SCI																	
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	46.00	K			90.00	AS AGREED			PHARMA PACKING NR. INVOICE 301961 933 LONITEN * 30 CPR 5MG CODE 024756025 Dims:0/0x0x0								
1	46.00				90.00												
Prepaid Weight Collect AS AGREED			Other Charges AS AGREED						P.B.A. Fee								
Valuation Charge			Insurance Premium AS AGREED														
Tax			Special Handling PHARMA PIL FEE														
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 ccarriage by air according to the applicable Dangerous Goods Regulations.														
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.														
			SOFARMAMORRA GROUP														
Total Prepaid			Signature of Shipper or his Agent														
Total Collect																	
Currency Conversion Rates			CC Charges in Dest. Currency						28/10/2025 FCO Executed on (Date) at (Place)								
For Carriers use Only at Destination			Charge at Destination						Total collect Charges								



**CASS ITALY**

ORIGINAL 3 (FOR SHIPPER)

eSK/00001982