

607	MXP	36497101	36497101	607/36497101			
Shipper's Name and Address BIOAIR SPA UFFICI E SHOWROOM VIA LOMBARDIA 6A 27010 SIZIANO - IT .MAGAZZINO VIA LOMBARDIA 10 TO12		Shipper's Account Number Not Negotiable Air Waybill ETIHAD AIRWAYS issued by ABU DHABI UAE					
		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity					
Consignee's Name and Address INTEGRATED GULF LAB SUPPLIES & SERVICES EAGLE PLUS WAREHOUSE, NO. 4 PO BOX NO 122304 - AL TTAY-AL KHAWANEEJ -DUBAI		Consignee's Account Number - AE 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 gghier value for carriage and paying a supplemental charge if required.					
		Issuing Carrier's Name and City QCS - QUICK CARGO SERVICE SRL Via Cesare Battisti 111, I 30035 - Mirano (VE)					
Agent's IATA Code 38471310010		Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X UBR NO:38471310010MXP SXB10270					
Airport of Departure (Addr. Of First Carrier) and Requested Routing MALPENSA MILAN AIRPORT, ITALY		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			
DXB	ETIHAD AIRWAYS						
Airport of Destination DUBAI		Flight/Date EY0080/23+EY9560/24	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 PLEASE INFORM CONSIGNEE IMMEDIATELY UPON ARRIVAL ATT: 1 ENVELOPE WITH CONSOL DOCS							
				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)
3	254.00	K		500.00	5.00	2500	SAFEGROW AND FILTER -NOT RESTRICTED- HS CODE: 84798997 - 84799070 GOODS NOT STACKABLE Dims:2/92x87x1141/30x30x30
3	254.00			500.00		2500	1.852 CBM
Prepaid		Weight		Collect		Other Charges	
		2500				P.B.A. Fee	
		Valuation Charge				Insurance Premium	
		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 properly described by name and is in proper condition for carriage 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.	
		Total Other Charges Due Carrier		0.00			
						BIOAIR SPA	
						Signature of Shipper or his Agent	
		Total Prepaid		Total Collect			
		2500					
Currency Conversion Rates		CC Charges in Dest. Currency		21/07/2025 MXP			
				Executed on (Date) at (Place)			
For Carriers use Only at Destination		Charge at Destination		Total collect Charges			

607/36497101



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)