

075	LIN	67036712	67036712	075/67036712
Shipper's Name and Address NEW CHARTER SRL CORSO ITALIA 2 21047 SARONNO NEWCHARTER@NEWCHARTER.COM		Shipper's Account Number 63643360153		Not Negotiable Air Waybill IBERIA LINEAS AEREAS DE ESPANA S.A. issued by CALLE VELAZQUEZ 130 VIA BERTOLONI 3/D 00187 ROMA Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity
		VA - IT T:02/7256641		
Consignee's Name and Address ASSUKARGO S.A. 15 AVENIDA 18-78 ZONA 13 - GUATEMALA - GT TEL+502-23184445 FACTURAS@ASSUKARGO.COM		Consignee's Account Number NIT:7908764-7		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 ASSUKARGO 15 AVENIDA 18-78 ZONA 13 - GUATEMALA (GT)		Accounting Information NON VALE FATTURA AI FINI IVA NOT CEE TRAFFIC STATUS DOG X		
Agent's IATA Code 38471310010		Account No.		
Airport of Departure (Addr. Of First Carrier) and Requested Routing LINATE			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
GUA	IBERIA LINEAS AEREAS DE ESPANA			
Currency	CHGS Code	WT/VOL	Other	
EUR		PPD COLL	PPD COLL	
Declare Value for Carriage		Declare Value for Customs		
N.V.D.		N.C.V.		
Airport of Destination		Flight/Date	For Carrier Use Only	Flight/Date
GUATEMALA CITY		IB9699/25+IB0221/28		
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 ENCLOSED ONE ENVELOPE CONTAINING SHIPPING DOCUMENTS				
				SCI X
No of Pieces RCP	Gross Weight	Kg lb	Rate Class	Commodity Item No.
2	218.00	K		
FREIGHT PREPAID				
2	218.00			
Prepaid		Weight	Collect	Other Charges
		967.92		P.B.A. Fee
Valuation Charge		Insurance Premium		
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 ccarriage by air according to the applicable Dangerous Goods Regulations.		
0.00		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		NEW CHARTER SRL		
39.07		Signature of Shipper or his Agent		
Total Prepaid		Total Collect		
1006.99				
Currency Conversion Rates		CC Charges in Dest. Currency		
		23/07/2025 LIN		
		Executed on (Date) at (Place)		
For Carriers use Only at Destination		Charge at Destination		
		Total collect Charges		



CASS ITALY

ORIGINAL 3 (FOR SHIPPER)

075/67036712