176	BOM	0	37	23	296												
Shipper's Name and Address Shipper's Ac								s Accour	nt Ni	umber	Not neg	otiable Vaybil	ı E	MIF	RAT	ES	
M.T. MADON EXPORTS												vaybii signment r UED BY	•				
OFFICE NO. 6 GR. FLOOR, LOTUS HOUSE, 33/A, NEW MARINE LINES, SIR VITHALDAS THACKERSEY MARG,												OED BY					
	TO LIBERT			•)				Copies 1,2 and 3 of the Air Waybill are originals and have the same validity.								
_	ee's Name and Add		2101	-0		Cons	signee	's Accou	unt N	lumber	It is agreed that the goods described herein are accepted in apparent good order and condition (except noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACTION THE REVERSE HEREC						
	MED ENTE OX 51665 0			=8							ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHE CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY TH						
	OBI. KENYA									SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIA'S STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTIC							
TEL :	0722655933	3														NING CARRIER'S LIMITATION higher value of carriage and payi	
_	arrier's Agent Nan		-									ng Informat	ion REPAID				
_	INK FREIC pai/+91 22 66				VARDERS	S PVT LT	ΓD				FREI	GHI FI	KEPAID				
Agents IA	ATA Code				Acc	ount No											
Agents IATA Code Account No. 14-3-4416																	
Airport of MUMB	Departure (Addr.	of firs	t Can	rier) ar	nd requested R	outing											
То	By First Carrie	r			and Destination	""		Ву		Ву	Currency	CHGS	WT/VAL		ther COLI	Declared Value For Carriage	Declared Value For
DXB			EŁ	<u> </u>		NBO		EK	ı		INR	Code PP	X	X		NVD	NCV
Airport of Destination Flight/Date NAIROBI											Amount of Insurance INSURANCE - If Carrieroffers insurance ans such insured in accordance with the conditions thereof, Indicate an insured in figures in box marked Amount of Insurance					thereof, Indicate amount to	
Handling	g Informatianse	INF	OF	RM C	CONSIGNI	EE IMME	DIA	TELY	01	N ARRIVAI	L OF CA	RGO					
	KS & NO.: N	1TM	/NA	IRO	BI											Γ	SCI
	TOTAL 18	3(EI	GH	TEE	N) CART	ONS ONL	.Y		_								
No. of Pieces RCP	Gross Weight		Kg Lb	С	e Class Commodity tem No.	C	_ Chargeab Weight			Rate	narge	Total			Nature and Quantity of Goods (Incl. Dimension or Volume)		
1101			П											п	HARMLESS MEDICINES		
18	432.1	40	к	Q			43		5	1	38.00		5968	5.00			
				Ш													
				Ш													
				Ш													
NV NC	D.: 100/19 DT.	10.	01.2	019											DIMNS.: CMS		
"SHIPPER'S NON DGR CERTIFICATE ATTACHED"											1=37x30x72, 1=7 1=65x59x33,3=5					7x30x72, 1=73x46x41, 5x59x33 3=57x46x45	ı
S/B NO:															5x49x49, 3=56x34x33,	ı	
				Ш											1=70	0x46x41,	
18	432.1	40		Ш									59685.0	00			
	432.1		Weig	ht Cha	arge	/\ Colle	ct	/ Ott	hor (Charges							
	596			in one	argo	/ \	Ot .	_			CA: 250	.00, LB	C : 150.00	0, AA	I+CM	: 300.00, THC : 1200.00	
	\	\	/aluat	tion Ch	harge			AA	AI:	3950.00							
	\		Tax		/		М	CC	: 433.00, C	TG : 518	3.00, FS	C : 4606.	00, X	BC : 1	1730.00		
	\ To	tal ot	her C	harge	s Due Agent	/		Sh	Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contain								
		0.00											described b	y name	and i	s in proper condition for carrie	age by air according to the
				harges	s Due Carrier			ap	plic	able Dangerous	Goods Reg	gistrations.					
	72	87.0	0	4								SKYL	INK FRE	IGHT	FORW	ARDERS PVT LTD	
													Signat	ture of S	hipper (or his Agent	
	Total Prepaid	72.0	0	/ \	Tota	al Collect		_/									As Agents only for
Cur	729 rency Conversion			/ \	cc charnes	in Dest Curre	ncv	/	1	1-Jan-2019			MUMB	AI			EMIRATES
				/ __	-5 5.141905		- 1	_/ E>	ecu	ted On (Date)		at (Pla	ice)		Signatur	e of Issuing Carrier or its Agent	
	For Carrier Use O	nly		\	Charges	at Destination	ı	_/ _		Total Collect C	Charges					176	-0372 3296
	ar Destillation			11				- 1				- 1				170	