

114|AMS|23069384

HAWB No: AMSA25311831



Shipper's Name and Address CURAN MEDICAL BV BARLHAMMERWEG 26 DOETINCHEM 7006 GE NL		Shipper's Account Number NLCUMEDO I		Not Negotiable House Air Waybill Issued by GEODIS FF NETHERLANDS B.V. DOUGLASSINGEL 3 SCHIPHOL-RIJK, 1119 MB, AMSTERDAM, NETHERLANDS			
Consignee's Name and Address BRAINSTORM MARKETING LTD. HATZMAUT 15 MAZKERET BATYA 76804 IL		Consignee's Account Number ILBRMAMBA		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity. 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 Agent Name and City GEODIS FF NETHERLANDS BV 1118 ZN SCHIPHOL - NL/RA00048-00 04-11-2019				Accounting Information			
Agent's IATA Code 57-4 7071/0010		Account No.					
Airport of Departure (Addr. of First Carrier) and Requested Routing AMSTERDAM				Reference Number C11736626			
To By First Carrier Routing and Destination to by to by TLV LY				Optional Shipping Information FRT COLLECT			
Airport of Destination TEL AVIV-YAFO				Declared Value for Carriage NVD			
Requested Flight/Date LY0842/04				Declared Value for Customs NCV			
Handling Information NL/RA00048-00 PRINTED : 01-AUG-25 16:57 /AS2 AIRSAVE DOOR TO AIRPORT/SPX+EDD				Amount of insurance XXX			
				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".			
				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)
4	644.0	K	Q	973.0		As Agreed	Medical equipment INVOICE NO. 25040163 HS Codes: 901839000 VOL 5.837 M3
4	644.0						
Prepaid		Weight Charge		Collect		Other Charges	
						A PICK UP AS AGREED A EXPORT CUSTOMS CL AS AGREED	
						A PICK UP FUEL SURC AS AGREED A TERMINAL HANDLING AS AGREED	
						A PICK UP AS AGREED	
						A WAITING HOURS AS AGREED	
						A SCANNING CHARGES AS AGREED	
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 properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.			
As Agreed							
Total Other Charges Due Carrier							
Total Prepaid				Total Collect			
Currency Conversion Rates				CC. Charges in Dest. Currency			
For Carrier's use only at Destination				Charges at Destination			
				Total Collect Charges			
				01-Aug-25 AMSTERDAM GEODIS FF NETHERLANDS BV			
				Executed on (date) at (place) Signature of Issuing Carrier or its Agent			

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Copy 8 - (for Agent)