



700AMS13964941

HAWB No: AMSHOR000205

Shipper's Name and Address DELL PS LTD BRAZILIËLAAN 23B AALSMEER NH 1432 DG NL		Shipper's Account Number DELLPSLMK	Not Negotiable House Air Waybill Issued by HELLMANN WORLDWIDE LOGISTICS B.V. BRAZILIËLAAN 23 B 1432 DG, AALSMEER, NH, NETHERLANDS																																																		
		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.																																																			
Consignee's Name and Address Yael Integrated Solutions LTD 9 ATIR YEDA ST Kfar Saba 44643 IL		Consignee's Account Number YAEINTKLS	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 HELLMANN WORLDWIDE LOGISTICS B.V. AALSMEER		Accounting Information																																																			
Agent's IATA Code 57-4 7007/0011		Account No.																																																			
Airport of Departure (Addr. of First Carrier) and Requested Routing AMSTERDAM				Reference Number C2500815897	Optional Shipping Information TERMS: EXW																																																
To TLV	By First Carrier Routing and Destination 5C	to	by	to	by																																																
Currency EUR	CHGS CC	WT/VAL PPD	Other COLL	Declared Value for Carriage NVD	Declared Value for Customs NCV																																																
Airport of Destination TEL AVIV-YAFO		Requested Flight/Date 5C608/02 /		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".																																																
Handling Information SPX / EDD																																																					
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