

Shipper's Name and Address  CONTINENTAL CARRIERS PVT. LTD. 401, SARKAR V, NATRAJ CINEMA MITHAKALI RAILWAY CROSSING ASHRAM ROAD, AHMEDABAD - 380009, GUJARAT, INDIA		Shipper's Account Number  SILK WAY WEST AIRLINE		Not Negotiable					
				Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.					
Consignee's Name and Address  ORIAN SH. M. LTD. BEN GURION AIRPORT IL-71100, TEL AVIV, ISRAEL CTP: EYLAT SOMMER TEL:+972-8-9181515 EMAIL: EYLAT.SOMMER@ORIAN.COM		Consignee's Account number		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 limitations of liability by declaring a higher value for carriage and paying a supplemental charge if required.					
Issuing Carrier's Agent name and City  CONTINENTAL CARRIERS PVT. LTD. AHMEDABAD				Accounting Information  FREIGHT PREPAID HAWB NO(S).: HAMDAE01083					
Agent's IATA Code 14-3 0951		Account No.							
Airport of Departure (Addr. of First Carrier) and Requested Routing AHMEDABAD				Reference Number	Optional Shipping Information JAMDAE2500178				
To DEL	By First Carrier SILK WAY WEST AIRLINE	Routing and Destination To GYD By 7L	To TLV By 7L	Currency INR	CHGS Code PP	WT/VAL X	Other PPD COLL X	Declared Value for Carrier NVC	Declared Value for Customs NVD
Airport of Destination TEL AVIV		Flight/Date 7L999 02-AUG-2025	For Carriers Use only 7L3220 04-AUG-2025	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 TOTAL 5 BOXES PLS INFM CNEE UPON ARVL SCI									
No of Pieces RCP	Gross Weight	kg lb	Rate Class Commodity Item No.	Chargeable Weight	Rate Charge	Total	Nature and Quantity of Goods		
5	42.50	K		45.00		AS AGREED	CONSOLIDATION AS PER ATTACHED MANIFEST: LAG-ELECTRICAL HS CODE 84799090, O-RING HS CODE 40169320 DIM(CMS): 30X23X23 (5)		
5	42.50			45.00	0.00	AS AGREED			
Prepaid AS AGREED		Weight Charge		Collect	Other Charges  Signature of Shipper or his Agent				
		Valuation Charge							
		Tax							
Total Other Charges Due Agent									
Total Other Charges Due Carrier									
Total Prepaid AS AGREED		Total Collect		02-AUG-2025 Executed on (Date) at (Place) Signature of Issuing Carrier or its Agent					
Currency Conversion Rates		CC Charges in Dest. Currency							
For Carrier's Use only at Destination		Charges at Destination							
				Total Collect Charges					