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|--|------------------------|---|----------------------------------|---|------------------|---|---|
| Shipper's Name and Address ROKAKIS A.E.-"CRETA FISH S.A." KISAMOS HANION, 51.KN.107 XANIA 73400 GREECE TEL:28220-23836,23955 FAX:23745 | | Shipper's Account Number | | Not Negotiable Air Waybill AEGEAN AIRLINES Issued by Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity. | | | |
| Consignee's Name and Address UDI BECHOR FISH MARKETING LTD VAT 514064336 HAMONHA 5 TEL AVIV ISRAEL TEL 972036823552, FAX 972036823550 | | 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 limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required. | | | |
| Issuing Carrier's Agent Name and City UTC SA | | Accounting Information FREIGHT PREPAID PRT | | | | | |
| Agent's IATA Code 27-4-7005/0016 | | Account No. | | | | | |
| Airport of Departure (Addr. of First Carrier) and Requested Routing ATH ATH-TLV | | | | Reference Number Optional Shipping Information | | | |
| To TLV | By First Carrier A3 | Routing and Destination | to by to by | Currency EUR | CHGS PP P P P | | |
| Airport of Destination TEL AVIV - YAFO | | Requested Flight/Date A3 924/6-8 | | Declared Value for Customs NVD NCV | | | |
| Handling Information ENVELOPE ATTACHED. | | Amount of Insurance NIL | | | | | |
| KEEP BETWEEN 2-8 DEGREES CELSIUS WHEREVER POSSIBLE DURING TRANSPORTATION AND STORAGE | | 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) |
| 35 | 368,00 | K O | | 368,00 | 3.00 | 1104.00 | FRESH FISH PERISHABLE 4 QTY 100x40x27 CMS 31 QTY 50x37x16 CMS VOLUME 1,75 |
| 35 | 368,00 | | | | | 1104.00 | |
| Prepaid | | Weight Charge | | Collect | | Other Charges | |
| 1104.00 | | 0.00 | | TCC | | 20.00 | |
| Valuation Charge | | 0.00 | | 0.00 | | | |
| Tax | | 0.00 | | 0.00 | | | |
| Total Other Charges Due Agent | | 0.00 | | 0.00 | | 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. | |
| Total Other Charges Due Carrier | | 20.00 | | 0.00 | | UTC S.A. | |
| Total Prepaid | | Total Collect | | Signature of Shipper or his Agent | | | |
| 1124.00 | | 0.00 | | | | | |
| Currency Conversion Rates | | CC Charges in Dest. Currency | | 06/08/2025 | | ATHENS | |
| For Carrier's Use only at Destination | | Charges at Destination | | Executed on (date) | | at (place) | |
| | | | | Total Collect Charges | | CHRISTOS LAPAS | |
| | | | | | | Signature of Issuing Carrier or its Agent | |