Shipper's Name and Address			Shipper's Accou	nt Number	Not Negotiab E-gate	ole			
					issued by			GATE	
					Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.				
Consignee's Name and Address Consignee's According Consignee's According Consignee's According Consignee's According Consignee's Consignee's According Con				ınt Number	It is agreed that the goods declared herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE CONDITIONS OF CONTRACT ON CONTRACT OF CONTRACT ON CONTRACT OF CONTRACT ON CONTRACT OF CONTRACT ON CO				
					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				
					THE SHIPPER'S	ATTENTION IS DRAW	PPING PLACES WHICH THE CAR IN TO THE NOTICE CONCERNIN such limitation of liability by	RRIER DEEMS APPROPRIATE. G CARRIER'S LIMITATION	
					declaring a higher value for carriage and paying a supplemental charge if required.				
Issuing Carrier's Agent Name and City SMSA EXPRESS TRANSPORTATION CO., LTD					Accounting Information				
SIVISA	EXPRESS TRANSPO	JRIAIIC	JN CO., LTD		freight				
Agent's IA	TA Code	Ac	count No.		-				
176-73317996									
Airport of Departure (Addr. of First Carrier) and Requested Routing DMM – SAUDI ARABIA					Reference Number Optional Shipping Information				
To	By First Carrier \ Routing ar	nd Destinatio	<u> </u>	to by	Currency CHGS	WT/VAL Other PPD COLL PPD COLL	Declared Value for Carriage	Declared Value for Customs	
DXB	Airport of Doctination		ICN EK		SAR PP	XX	NVD	NCV	
ICN -	Airport of Destination SOUTH KOREA		Requested File	nto Date	Amount of Insurance 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 I	nformation					1 0			
DANG	EROUS GOODS AS	PER ASS	SOCIATED SHIPP	PER'S DECLAR	ATION			SCI	
NI£	l l l l l l l l l l l l l l l l l l l	Cl							
No. of Pieces RCP	Gross kg Rati Weight lb Rati	e Class Commodit Item No.	Chargeable Weight	e Rate Cha	arge	Total		Quantity of Goods nsions or Volume)	
10	7171.00 K	G	7171.00	5.57	400	000.00	CONSOLIDA	CONSOLIDATED	
							120 X 120 X	107 @ 10	
40000	0.00								
							+		
Dro	paid Weight Cl	hargo	Collect	lou cl					
40000		iiaige	Collect	Other Charges					
1000	Valuation (Charge							
	Tax								
	T	D 4							
Total Other Charges Due Agent 03/11/2024 Total Other Charges Due Carrier				I hereby certify that the particulars on the face hereof are correct and that insofar as any part the consignment contains dangerous goods. I hereby certify that the contents of this consignme are fully and accurately described above by proper shipping name and are classified, package marked and labeled, and in proper condition for carriage by air according to applicable nation governmental regulations.					
				l .	DMM ALEXPRES		TATION CO., LTD		
Total Prepaid Total Collect				Signature of Shipper or his Agent					
Curre	ency Conversion Rates	CC Charge	es in Dest. Currency	Evacuted on (det-)		at (plac	a) Signatur	eo fissuing Carrier or its Agent	
For	Carrier's Use only	Charge	es at Destination	Executed on (date) Total Collect		at (plac	e, signdtur	co modulie carrier or its Agent	
	at Destination								