Shipper's Name and Address	nipper's Name and Address Shipper's Account Number		Not Negotiable				
SAUDI ARABIAN OIL COMPAN <mark>Y ( ARAMCO )</mark>		E-gate issued by - GATE					
			issued by EK				
			LIX				
			Conject 2 ar	nd 3 of this Air	Maybill are originals and have th	e same validity	
MATERIAL SUPPORT SECTION			Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.				
Consignee's Name and Address  Consignee's Account 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				
DEXTRANS WORLDWIDE KOREA CO., LTD.			REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE				
			GIVEN HEREO	N BY THE SHIPP	ER, AND SHIPPER AGREES THAT T	HE SHIPMENT MAY	
AVIATION DEPARTMENT			THE SHIPPER'S	ATTENTION IS D	STOPPING PLACES WHICH THE CAR RAWN TO THE NOTICE CONCERNING	RIER DEEMS APPROPRIATE.  G CARRIER'S LIMITATION	
DM 0004 00 OFNTHARRINGANO DO			OF LIABILITY. S declaring a his	hipper may incre ther value for c	ease such limitation of liability by arriage and paying a supplementa	I charge if required.	
RM 2201, 90, CENTUMJUNGANG-RO,							
Issuing Carrier's Agent Name and City			Accounting Information				
SMSSAJÐXRRÆBSATRANSPORTATION CO., LTD			freight				
HAEUNDAE-GU, BUSAN, 48059, KOREA							
Agent's IATA Code Account No.							
17 <b>6</b> H3NE9966138775333							
Airport of Departure (Addr. of First Carrier) and Requested Routing			Reference Number Optional Shipping Information				
TEL: +827088311566, BRN: 6728602689							
To By First Carrier Routing and Destina		to by	Currency CHGS	WT/VAL Oth	COLL Declared value for Carriage	Declared Value for Customs	
DMM HISPAUDS CARTABINAOREA	EK	EK	SA	R   P	P <sup></sup>		
Airport of Destination	Requested Flig	ht/Date	Amount of I		SURANCE - If carrier offers insurance,	and such insurance is requested i	
EMAIL: GWEN.CHO@DEXTRANSGROUP.COM accordance with the conditions thereof, indicate amount to be insured figures in box marked "Amount of Insurance".							
Handling Information							
DANGEROUS GOODS AS PER A	SSOCIATED SHIPE	PER'S DECLARA	ATION				
						SCI	
No. of 10 7171.00 Kg Class	Chargeabl	71.00 e Rate	5.5		40000.00 Nature and	Quantity of Goods	
Pieces RCP COMISOLIDATED Commo	oney I Welphi	Cha Cha	rge	Total		nsions or Volume)	
120 X 120 X 107 @ 10							
120 X 120 X 107 @ 10							
Prepaid Weight Charge	Collect	Other Charges					
Valuation Charge							
ORIGINAL 3 (FOR SHIP	PER)	]					
	,						
Total Other Charges Due Ag		I hereby certify	that the part	iculars on th	e face hereof are correct an	d that insofar as any part	
03/11/2024 DMN	s grains d	ORTATION	ds. I hereby certify that the c	ontents of this consignment			
Total Other Charges Due Car	rier	marked and lab	seled, and in	proper cond	ds. Thereby certify that the of by Proper Shipping name a ition for carriage by air acco	rding to applicable nation	
		governmental re	egulations.		40000.00	,	
		1			40000.00		
_							
Total Prepaid Total Collect			Signature of Shipper or his Agent				
Total riepalu /	rotal Collect						
Commence	overes in Do-t Com	ļ					
Currency Conversion Rates CC Cha	arges in Dest. Currency						
	10	Executed on (date)		at	(place) Signature	o flssuing Carrier or its Agent	
For Carrier's Use only	arges at Destination	Total Collect	Charges /				
at Destination							