


Shipper's Name and Address		Shipper's Account Number		Not Negotiable <b>E-gate</b>					
				issued by <b>EK</b>					
				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 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 <b>SMSA EXPRESS TRANSPORTATION CO., LTD</b>				Accounting Information <b>freight</b>					
Agent's IATA Code <b>176-73317996</b>		Account No.							
Airport of Departure (Addr. of First Carrier) and Requested Routing <b>DMM – SAUDI ARABIA</b>				Reference Number		Optional Shipping Information			
To <b>DXB</b>	By First Carrier <b>EK</b>	Routing and Destination	to <b>ICN</b>	by <b>SAR</b>	to <b>ER</b>	Currency <b>X</b>	CHGS <b>X</b> WTT/VAL PPD COL Other PPD COL <b>NVD NCV</b>	Declared Value for Carriage	Declared Value for Customs
Airport of Destination <b>ICN – SOUTH KOREA</b>		Requested Flight/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 Information <b>DANGEROUS GOODS AS PER ASSOCIATED SHIPPER'S DECLARATION</b>									
								SCI	
No. of Pieces RCP	10	Gross Weight kg	7171.00	Rate Class	7171.00	Chargeable Weight	5.57	Total	40000.00
	CONSOLIDATED	Commodity Item No.							Nature and Quantity of Goods (incl. Dimensions or Volume)
	120 X 120 X 107 @ 10								
Prepaid		Weight Charge		Collect		Other Charges			
		Valuation Charge							
		ORIGINAL 3 (FOR SHIPPER)							
		Total Other Charges Due Agent							
		03/11/2024 DMM				I hereby certify that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and in proper condition for carriage by air according to applicable national governmental regulations.			
		Total Other Charges Due Carrier				40000.00 40000.00			
						----- Signature of Shipper or his Agent			
Total Prepaid		Total Collect							
Currency Conversion Rates		CC Charges in Dest. Currency							
For Carrier's Use only at Destination		Charges at Destination		Total Collect Charges		Executed on (date) _____ at (place) _____ Signature of Issuing Carrier or its Agent _____			