Shipper's Name and Address		Sh	ipper's Accou	nt Number	Ι.Α.	ot Negot ir Way sued by	able rbill				
					С	opies 1,	2 and 3 c	f this Air I	Nayl	bill are originals and h	ave the same validity.
Consignee's Name and Address Consignee's Aco			unt Number	RE RC GI BE AF	Its agened that the goods declared freenin are accepted in against good order and conditionable and accepted an insight of certaings SUBLECTED TO THE CONDITIONS OF CONTRACT ON IT INVESTIGATION TO MERCHAND RELIGIOUS AND ACCEPTED ALL COLORS MAY BE CARRIED BY ANY OTHER MERCHAN ENCLOSED ACCEPTED ACCEPTE						
Issuing Carrier's Agent Name a	nd City					claring a		e for carris	ige a	and paying a supplementa	I charge if required.
Agent's IATA Code		Account No.			_						
Airport of Departure (Addr. of First Carrier) and Requested Routing						Reference Number Optional Shipping Information					
To By First Carrier	Routing and Desti	nation / to	by	to	by Cu	rrency o	GS WT/VAL PPD COI	Other L PPD COLL	D	edared Value for Carriage	Declared Value for Customs
F10 F10 50 50 50 50 50 50 50 50 50 50 50 50 50			lequested Flig	ht/Date /		Amount of Insurance INSURANCE - If carrier offers insurance in accordance with the conditions there figures in box marked "Amount of Insurance"				e with the conditions thereof,	indicate amount to be insured
Handing Information HOLD FO	B PICK	UP									
No. of Gross in Rate Class Chargeab				e Rate							SCI Quantity of Goods
llo Wor	Tax ner Charges Due	Agent	ilect	consignme	ertify that	s danger	rous good	s. I hereb	y ce	rtify that the contents	insofar as any part of to this consignment are classified, packageing to applicable nation
Total Prepaid Total Prepaid Currency Conversion Rah	er Charges Due 0	Total Collect	_	marked as governme	nd labelecental regul	, and in ations.				erorhis Agent	ing to applicable nation
			Executed on (date) at (place) Total Collect Charges					Signatur	Signature of Issuing Carrier or its Agent		
For Carrier's Use only at Destination		gov un udbill	1018	Olle			XXX-				