STAPLE DOCUMENT ABOVE PERFORATION

020	ABJ	46848605										020-46848605	
Shipper's	Name and Address Shipper's Account					nt Number	Air Waybill						
MANUCHAR COTE DIVOIRE SA								Issued by LUFTHANSA CARGO AG FLUGHAFEN FRANKFURT, 60546 FRANKFURT AM MAIN					
MARCORY VGE IMMEUBLE GHADDAR ABIDJAN CI 99326								Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.					
Consignee's Name and Address Consignee's Accoun												•	
Consigned a Account								(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					
NUYTEN EDDY YVONNE J								OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE					
LANGE ELZENSTRAAT 34 2018 ANTWERPEN BRUXELLES BE 2018 +32475437853								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 STT-CI								Accounting Information					
ABIDJAN IVORY COAST													
Agents IA	TA Code		Account No.				1						
000000													
Airport of Departure (Addr. of First Carrier) and Requested Routing ABIDJAN								Reference Number Optional Shipping information					
By First Carrier Routing and Destination to by to by Currency ChgsC WT/ Val Other Declared Value f									d Value for Carriage Declared Value for Customs				
BRU	SN							XOF PP X		COLL PPD COLL NVD NCV INSURANCE - If carrier offers insurance and such insurance is			
Airport of Destination BRUSSELS			SN 0256/06	Flight/Date /	//Date Amount of Insurance			requested in accord	dance wi	ith conditions on reverse hereof indicate amount			
BRUSSELS SN 0256/06-Feb / XXX to be insured in figures in box marked "Amount of Insurance". Handling Information												ox marked. Amount of insurance .	
SPH-EAP ECC SCI													
Rate Class													
No.of Pieces RCP	Gross K Weight Ib Commodity Item No.			Chargeable Weight		Rate		Total		Nature and Quantity of Goods (incl. Dimensions or Volume)			
8	18	30.00	К	Q	180.0		27	700.0		486000.0		PERSONAL EFFECTS DIMS(CMS):40.0x40.0x40.0/8 VOL(CBM):0.51	
8	180	0.00							$ \overline{4}$	86000.00			
Pre	epaid	Weight Charge		Coll	ect	Other Charges							
	4860	00.000				BDC6500.0	PP XF	RC9000.0PP	MRC774	400.0PP			
Valuation Charge													
Tax													
Total other Charges Due Agent Shipper certifies that the particulars on the face hereof are correct and that insofar as a consignment contains dangerous goods such part is properly described by name and is												name and is in	
Total other Charges Due Carrier proper condition for carriage by air according to the applicable Dangerous Goods Regulations.												Coods (Cogulations.	
	929	900.00						MANUCHAR COTE DIVOIRE SA					
								Signature of Shipper or his Agent					
Total Prepaid Total Collect													
Cur		900.00 Inversion Rates	cc cl	narges in Dest. 0	Currency	-	STT-CI						
Sun				Executed on	Executed on (Date) at (Place) Signature of Issuing Carrier or its Agent								
	Carrier U			Charges at Dest	ination	Total C	Collect Cha	arges		020-46848605			