## STAPLE DOCUMENTS ABOVE PERFORATION

157 PVG 1043 1385

157-1043 1385

Shipper's Name and Address ZHENGZHOU CINOGEL BIOTECH TEL: +86 371-67584697 ADD: NO. 14 SHANG WU NEI HUAN ROAD, CBD, ZHENGZHOU, HENAN PROVINCE, P. R. CHINA 450000		Not Negotiable  Air Waybill  Issued by  ROOM 225 PACTL NO. 168 SUHANG ROAD  SHANGHAI PUDONG INTERNATIONAL AIRPORT  SHANGHAI 201207, P. R. CHINA  Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity.		
onsignee's Name and Address EXPERTISE CHIMIQUE ADD:COCODY ANGRE, CITE STAR O'IVOIRE. EMAIL:JP.KOMENANG TEL: (+225)07077244 CC:		It is agreed that the goods describing (except as noted) for carriage SI REVERSE HEREOF. ALL GOODS ROAD OR ANY OTHER CARRIER INTEREON BY THE SHIPPER, AND SIMPLE AND SHIPPER'S ATTENTION IS DRAW OF LIABILITY. Shipper may increase carriage and paying a supplemental	ed herein are accepted in apparent god UBJECT TO THE CONDITIONS OF ( S MAY BE CARRIED BY ANY OTHER UNLESS SPECIFIC CONTRARY INSTRI SHIPPER AGREES THAT THE SHIPME L'ACES WHICH THE CARRIER DEEMS IN TO THE NOTICE CONCERNING CA ase such limitation of liability by declar	CONTRACT ON TH MEANS INCLUDIN UCTIONS ARE GIVE NT MAY BE CARRIE APPROPRIATE. TH RRIER'S LIMITATIO
woz/SHA	Account No.	FREIGHT PREPAID		
SHANGHATIPE (Addr. of First Carrier) and Re	equested Routing	Reference Number	Optional Shipping Information	
DOH By First Carrier Routing and Destinat	to ABJ by QR by	Current CHGS WTVAL Other PF COLL IF COLL	Declared Value for Carriage Declar	red Value for Graten
	QR8961/2023-06-18	Amount of Insurance INSU	RANCE - If carrier offers insurance, a	and such insurance
ABID JANOrt of Destination	QK8901/2023-00-18	ledar	ested in accordance with the conditi int to be insured in figures in box marked"Ar	ons thereof, indica
andling Information	ar halida karanina ma ma			
NO SOLID WOOD PACKING MATER STORED AWAY FROM HEAT OR DI				SCI
O. of Gross kg Rate Class eces Weight Ib Commodit Item No.	Chargeable Rate Ch	arge Total	Nature and Quanit (incl. Dimensions	
	THE REPORT OF A STREET		GELLAN GUM	
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