



Shipper's Name and Address <b>MIA1316</b>			Shipper's Account Number			Not Negotiable <b>Air Waybill</b>		
Concordia International Forwarding Corp. 10913 NW 30th STREET STE 102 MIAMI, FLORIDA 33172						Issued by <b>QATAR AIRWAYS</b>		
Consignee's Name and Address <b>JEENA &amp; COMPANY</b> <b>RGM 11/N/73 BLK1, MONDAL GANTHI</b> <b>VIP RD/KAIKHALI CROSSING, P.S.</b> <b>RAJARHAT AIRPORT, CALCUTTA</b>			Consignee's Account Number			Copies 1,2 and 3 of this Air Waybill are originals and have the same validity		
Issuing Carrier's Agent Name and City <b>Concordia International Forwarding Corp.</b> <b>10913 NW 30th STREET STE 102</b> <b>MIAMI, FLORIDA 33172</b>			Accounting Information <b>TSA-IAC APPROVAL NO EA9311014</b>			It is agreed that the goods described 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 SPECIFIED 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		
Agent's IATA Code <b>01-1-1112/0124</b>			Account No.					
Airport of Departure (Addr of First Carrier) and Requesting Routing <b>MIA</b>			Reference Number <b>MIA1316</b>			Original Shippers Information		
To	By First Carrier	Routing and Destination	to	by	to	by	Currency	CHGS CODE
<b>CCU</b>	<b>QR</b>						<b>USD</b>	<b>X</b>
Declared Value for Carriage <b>N V D</b>			Declared Value for Customs <b>N V D</b>					
Airport of Destination <b>CCU</b>			Requested Flight/Date <b>8630 1/1/2018</b>			Amount of Insurance <b>NIL</b>		
Handling Information						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".		
No. of Pieces RCP			Gross Weight			Rate Class		
1			78			K M MIN		
Chargeable Weight			Rate			Total		
100			395.00			395.00		
Nature and Quantity of Goods (incl. Dimensions or Volume)			CONSOLIDATION AS PER ATTACHED MANIFEST					
1			78			K		
Prepaid			Weight Charge			Collect		
395.00								
Valuation Charge								
Tax								
Total Other Charges Due Agent								
Total Other Charges Due Carrier								
Total Prepaid			Total Collect					
395.00								
Currency Conversion Basis			CC Charges in Dest. Currency					
For Carriers Use only at Destination			Charges at Destination			Total Collect Charges		