

CTU

157-35547783

WYS1801950A

Shipper's Name and Address <b>KINOMEGA BIOPHARM INC.</b> <b>SOUTH ECONOMIC DEVELOPMENT ZONE,</b> <b>SHIFANG CITY, SICHUAN, CHINA 618400</b> <b>TEL: +86-838-8110699</b> <b>FAX: +86-838-8263901</b>		Shipper's account Number  		Not Negotiable <b>Air Waybill</b> (Air Consignment note) Issued by:																			
Consignee's Name and Address <b>SOFTGEL HEALTH CARE PRIVATE LTD.</b> <b>SURVEY NO 20/1, VANDALLUR KELAMBAKKAM ROAD,</b> <b>PUDUPAKKAM VILLAGE, KANCHEEPURAM DISTRICT 603</b> <b>103 TAMIL NADU, INDIA</b> <b>TEL: 044-27498412 FAX: 044-27475857</b>		Consignee's account Number  		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 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  		Accounting Information  <b>FREIGHT COLLECT</b>																					
Agent's IATA Code  		Account No.  																					
Airport of Departure (Addr. of first Carrier) and requested Routing <b>CHENGDU CHINA</b>				Reference Number  																			
to <b>MAA</b> By first Carrier <b>QR</b> Routing and Destination		to by to by		Currency <b>CNY</b> Gross Weight <b>926</b> Net Weight <b>926</b> Declared Value for Carriage <b>NVD</b> Declared Value for Customs <b>ASPER INV</b>																			
Airport of Destination <b>CHENNAI, INDIA</b>		Flight/Date <b>QR861</b> For Carrier Use only Flight/Date <b>2018/1/26</b>		Amount of Insurance INSURANCE - if carrier offers insurance and such insurance is requested in accordance with conditions on reverse hereof indicate amount to be insured in figures in box marked "Amount of insurance"																			
Handling Information  																							
<table border="1"> <thead> <tr> <th>No of Pieces RCP</th> <th>Gross Weight</th> <th>kg</th> <th>Rate Class</th> <th>Chargeable Weight</th> <th>Rate</th> <th>Charge</th> <th>Total</th> <th>Nature and Quantity of Goods (Ind. Dimensions or Volume)</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>926</td> <td></td> <td>K Q</td> <td>926</td> <td></td> <td>AS ARRANGED</td> <td></td> <td>FISH LIPID OIL SHF/1718/POS/RI1/00046</td> </tr> </tbody> </table>						No of Pieces RCP	Gross Weight	kg	Rate Class	Chargeable Weight	Rate	Charge	Total	Nature and Quantity of Goods (Ind. Dimensions or Volume)	2	926		K Q	926		AS ARRANGED		FISH LIPID OIL SHF/1718/POS/RI1/00046
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Prepaid		Weight Charge		Collect		Other Charges																	
		<b>AS ARRANGED</b>																					
		Valuation Charge																					
		Tax																					
Total other Charges Due Agent																							
Total other Charges Due Carrier				<b>AS ARRANGED</b>																			
Total prepaid				Total collect																			
<b>AS ARRANGED</b>				2018/1/25		CTU																	
Currency Conversion Rates		cc charges in Dest. Currency		Executed on (Date)		at (place)		Signature of Issuing Carrier or its Agent															
For Carrier's Use only at Destination		Charges at Destination		Total collect Charges																			

ORIGINAL 1 (FOR ISSUING CARRIER)