55218-01158 55218-01158

Shipper's N						4.81			ALCON O						
	Name and Add	iress			Shipper's Ac	count Nu	ımber		Not Negotia						
ESP102 ESPEE BIOPHARMA & FINECHEM LLC								Air WayBill TRANSGROUP INTERNATIONAL							
1701 E. WOODFIELD ROAD															
SUITE 636									Issued By P.O. BOX 69207 SEATTLE, WA 98168						
SCHAUMBURG, IL 60173										SEATTLE, Brittany Wi			301		
UNITED S	-	00 <i>E</i> 4	6667								- (300)	50	· ·		
ARIEL CF	HIARITO 888	0001	1000												
Consignee'	's Name and A	Addre	SS		Consignee's	Account	Number						in are accepted in apparent good or		
ENGLIPE ETHIOLOGICA CONT. 170									(except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON OUR						
ENCUBE ETHICALS PVT. LTD									WEBSITE AT http://www.transgroup.com/TermsAndConditions.aspx. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS						
UNIT 14 /16 Steel Made Industrial Est. Marol Village, Marol Andheri East									SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND						
MUMBAI 59									SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S						
INDIA									ATTENTIO	NIS DRAWN	I TO THE I	NOTIC	E CONCERNING CARRIER'S LIMIT	ATION OF	
													nitation of liability by declaring a high	er for carriage and	
Issuing Carrier's Agent Name and City									paying a supplimental charge if required.  Accounting Information						
TRANSGROUP INTERNATIONAL									ı ~	MAWB #: 125-46075481; FILE #: 55218-01158; HAWB #: 55218-01158					
860 DEVON AVENUE									I	(20180115					
BENSEN\	VILLE, IL 60	0106													
Agent's IAT	TA Codo				Account M-				-						
Agent's IAT 01-1-9545					Account No.										
Airport of Departure (Addr. of First Carrier) and Requested Rou						tina		Reference Number				Optional Shipping Information			
CHICAGO		01			,		· · •								
	y First Carrier		Routi	ng ar	d Destination	to	by to	by	Currency	CHGS W	COLL PPE	ther	Declared Val. for Carriage Declare	ed Val. for Customs	
	RITISH AIR\			•		вом		'	USD	Code PPD	COLL PPE	COLL	NVD	NVD	
Airport of D	Destination				Flight/Date			light/Date	Amount of		INSURAN	ICE - If o	earrier offers insurance, and such insurance conditions thereof, indicate amount to be	e is requested in	
MÜMBAI					296/16		139/18		XXX				ne conditions thereof, indicate amount to built of Insurance".	e insured in ligures in	
Handling In												o.=			
DOCUME	ENTS ATTAC	JHE	D. PLE	=ASE	NOTIFY C	ONSIG	NEE ON A	ARRIVAL	ISA#: NI	/19401016;	ncoterms	: CIF			
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