

Shipper's Name and Address HEMOCUE AB		Shipper's Account Number		Not Negotiable Air Waybill issued by		SCAN GLOBAL LOGISTICS AB BOX 22002 SE-250 22 HELSINGBORG SWEDEN 556480278201		scan GLOBAL LOGISTICS	
BOX 1204 KUVETTIGATAN 1 SE-26223 ÄNGELHOLM SWEDEN SE/KC/00068-01/0413								Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity. 2	
Consignee's Name and Address DHR HOLDING INDIA PVT LTD PLOT 121 UDYOG VIHAR, PHASE -IV IN-122015 GURGAON, HARYANA INDIA		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. HLB12100965					
Issuing Carrier's Agent Name and City SCAN GLOBAL LOGISTICS AB SE-250 22 HELSINGBORG SWEDEN SE/RA/00038-05		Accounting Information							
Agent's IATA Code 80-4-7016/1903		Account No.							
Airport of Departure (Addr. of First Carrier) and Requested Routing MALMOE LH FRA DEL				Reference Number		Optional Shipping Information			
To FRA	By First Carrier LH	Routing and Destination to DEL by LH to by		Currency SEK	CHGS X	WT/VOL PPD COLL X	Other PPD COLL X	Declared Value for Carriage NVD	Declared Value for Customs NCV
Airport of Destination NEW DELHI		Requested Flight/Date 7391/23 760/25		Amount of Insurance XXX		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".			
Handling Information 1 PCS MARKED ADDRESS AND AIR WAYBILL NO. DOCUMENTS ATTACHED TO AWB. 2312648, 2312649 ETA: 26 JAN 0130 SPX/KC KNOWN CONSIGNOR									
No. of Pieces RCP	Gross Weight	kg	Rate Class Commodity Item No.	Chargeable Weight	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)		
1	5,0	K	M	10,5	800,00	800,00	MEDICAL TEST EQP DIMS / CM 39 x 39 x 40 x 1		
1	5,0					800,00	Cubic 0,061		
Prepaid		Weight Charge		Collect		Other Charges			
800,00						FEA 60,00 CHA 250,00			
Valuation Charge						CBA 195,00 PUA 400,00			
Tax									
Total Other Charges Due Agent						I hereby certify that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods. I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled, and in proper condition for carriage by air according to applicable national governmental regulations.			
905,00									
Total Other Charges Due Carrier									
Total Prepaid		Total Collect				For: HEMOCUE AB Signature of Shipper or his Agent			
1705,00									
Currency Conversion Rates		CC Charges in Dest. Currency				22 Jan 18 11:24:30 HELSINGBORG Ann Lindsoug 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		6190001044			