

CTU

157-35547783

WYS1801950B

SHIPPER'S NAME AND ADDRESS <b>KNOMEGA BIOPHARM INC.</b> SOUTH ECONOMIC DEVELOPMENT ZONE, SHIFANG CITY, SICHUAN, CHINA 618400 TEL: +86-838-8110699 FAX: +86-838-8263901		SHIPPER'S ACCOUNT NUMBER  		NOT NEGOTIABLE <b>Air Waybill</b> (Air Consignment note) Issued by  	
CONSIGNEE'S NAME AND ADDRESS <b>COFFEE HEALTH CARE PRIVATE LTD.</b> SURVEY NO 20/1, VANDALIUR KELAMBAKKAM ROAD, PUDUPAKKAM VILLAGE, KANCHEEPURAM DISTRICT 603 103, TAMIL NADU, INDIA TEL: 044-27498412 FAX: 044-27475857		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.  		Reference Number  	
Importer's Signature (Addr. of First Carrier) and requested Routing <b>CHENGDU CHINA</b>				General Shipment Information  	
MAA <b>CHN</b>		Routing and Destination to by to by		Currency CNY CDS Date WTHN CDS Date OVR CDS Date <b>RVD</b>	
CHENNAI, INDIA		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  					
SCI					
No of Pieces RCP	Gross Weight	Rate Class	Chargeable Weight	Rate	Total
8	3086	K Q	3086	AS ARRANGED	
Nature and Quantity of Goods (incl. Dimensions or Volume) <b>FISH LIPID OIL</b> <b>SHF/1718/POS/RI1/00043</b>					
Prepaid		Weight Charge		Collect	
AS ARRANGED		AS ARRANGED		Other Charges	
Valuation Charge		Tax		Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.	
Total other Charges Due Agent		Total other Charges Due Carrier		Signature of shipper or his Agent	
AS ARRANGED		AS ARRANGED		2018/1/25 CTU	
Total prepaid		Total collect		Signature of issuing Carrier or its Agent	
AS ARRANGED		AS ARRANGED		Executed on (Date) at (place)	
Currency Conversion Rates		cc charges in Dest. Currency		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)