

235 | ICN | 1923 3060

235-1923 3060

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|---|---------------------------|--------------------------------|--|----------------------|---------------|--|--------------|--------------------|--|---|----------------------------|
| Shipper's Name and Address SHINHUNG CO., LTD. 450, CHEONGPA-RO, JUNG-GU, SEOUL, KOREA. TEL: 6366-2175, FAX: 6366-2131. | | | Shipper's Account Number | | | Not Negotiable TURKISH AIRLINES Air Waybill Issued by | | | | | |
| Copies 1,2 and 3 of this Air Waybill are originals and have the same Validity | | | | | | | | | | | |
| Consignee's Name and Address VITAL ALLIANCE CO LTD SULAIMANIYAH MALIK MAHMOOD ROAD OPPOSITE TO GERMAN VILLAGE AHMED MEDICAL BUILDING GROUND FLOOR / APP 1 , IRAQ** | | | Consignees 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 CARRIERS' 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 JUYOUNG TRANS WORLD INC. | | | | | | Account Information "FREIGHT PREPAID" **ATTN: SARKAWT SHWRW MAJID + 964 750 380 3809 | | | | | |
| Agent's IATA Code | | | Account No. | | | | | | | | |
| Airport of Departure(Addr. of First Carrier)and Requested Routing ICN INCHEON AIRPORT, KOREA | | | | | | Reference Number | | | Optional Shipping Information | | |
| to IST | By First Carrier TK091 | Routing and Destination EBL | to by TK | to by P | by P | Currency KRW | Chgs Code | WT/VAL PPD P | Other COLL P | Declared Value for Carriage N.V.D | Declared Value for Customs |
| Airport of Destination ERBIL, IRAQ | | | Requested Flight/Date TK091 JUL.27.2022 | | | Amount of Insurance NIL | | | INSURANCE-if Carrier offers Insurance, and such Insurance is requested in accordance with the conditions there of Indicate amount to be Insured in figures in box marked Amount of Insurance | | |
| Handling Information ATTACHED : COMM INV & P/LIST SCI | | | | | | | | | | | |
| No.of Pieces RCP | Gross Weight | kg lb | Rate Class Commodity | Chargeable Weight | Rate Charg | Total | | | Nature and Quantity of Goods (incl. Dimensions or Volume) | | |
| 2 | | K | | | | | | | 2 CTNS OF KIDS CROWN & K-CLAMP INVOICE NO.: SHI-22456 HS CODE : 9021.21-0000 9018.49-8000 EXW | | |
| Prepaid | | | Weight Charge | | | Collect | | | Other Charges | | |
| Valuation Charge | | | | | | | | | | | |
| Tax | | | | | | | | | | | |
| Total Other Charges Due Agent | | | | | | | | | 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 Carrier | | | | | | | | | | | |
| Total PrePaid | | | Total Collect | | | | | | JUYOUNG TRANS WORLD INC. | | |
| Currency Conversion Rates | | | CC Charges in Dest. Currency | | | JUL.27.2022 | | | SEL | Seulgi Jung | |
| | | | | | | 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 | | | 235-1923 3060 | | |