

|                                                                                              |  |                                       |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
|----------------------------------------------------------------------------------------------|--|---------------------------------------|--|-------------------------|-----------------------|------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--|------|--|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|-----------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|-----------------------------|--|------|--|----------------------------|--|--|--|
| 018                                                                                          |  | HKT                                   |  | 92272983                |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  | 018-92272983 |                                                                                                                                                                                              |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
| Shipper's Name and Address                                                                   |  |                                       |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  | Shipper's account Number   |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  | Not Negotiable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |       |  |                             |  |      |  |                            |  |  |  |
| NINGBO YIMAODA TRADING CO. LTD<br>ZOUXI VILLAGE TANGXI TOWN YINZHOU D SHA undefined (CN)     |  |                                       |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  | Air Waybill<br>Issued by Juneyao Airlines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |       |  |                             |  |      |  |                            |  |  |  |
| Consignee's Name and Address                                                                 |  |                                       |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  | Consignee's account Number |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  | Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |       |  |                             |  |      |  |                            |  |  |  |
| SSM INTERNATIONAL LOGISTICS THAILA<br>ROME NO.305THANAKUL BUILDING 77 RAM HKT undefined (TH) |  |                                       |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  | 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     |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
| Agent's IATA Code                                                                            |  |                                       |  |                         | Account No.           |                              |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
| Airport of Departure (Addr of first Carrier) and requested Routing                           |  |                                       |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  | Reference Number           |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  | Optional Shipping Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |       |  |                             |  |      |  |                            |  |  |  |
| Shanghai Pudong International Airport                                                        |  |                                       |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
| to                                                                                           |  | By first Carrier                      |  | Routing and Destination |                       |                              |  | to                                                                                                                                                                                                                                                                                              |  | by                         |  | to   |  | by           |                                                                                                                                                                                              | Currency |  | CHGS Code                                                 |  | WT/VAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Other |  | Declared Value for Carriage |  |      |  | Declared Value for Customs |  |  |  |
| HKT                                                                                          |  | HO1369/30                             |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  |              |                                                                                                                                                                                              | CNY      |  | PP                                                        |  | PPD X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | COLL  |  | PPD X                       |  | COLL |  | NVD NCV                    |  |  |  |
| Airport of Destination                                                                       |  |                                       |  |                         | Requested Flight/Date |                              |  |                                                                                                                                                                                                                                                                                                 |  | Amount of Insurance        |  |      |  |              | INSURANCE - If carrier offers insurance, such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance" |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
| Phuket International Airport                                                                 |  |                                       |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  | XXX                        |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
| Handling Information                                                                         |  |                                       |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  | SCI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |       |  |                             |  |      |  |                            |  |  |  |
| No. of Pieces RCP                                                                            |  | Gross Weight                          |  | kg lb                   |                       | Rate Class                   |  | Commodity Item No.                                                                                                                                                                                                                                                                              |  | Chargeable Weight          |  | Rate |  | Charge       |                                                                                                                                                                                              | Total    |  | Nature and Quantity of Goods (incl. Dimensions or Volume) |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
| 97                                                                                           |  | 1,214.00                              |  | K                       |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  | CONSOL<br>HAWB: 92272983<br>DIMS:<br>VOLUME: 7.26 MC      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
| 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                |  | Signature of Shipper or his Agent                                                                                                                                                                                                                                                               |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
|                                                                                              |  | Currency Conversion Rates             |  |                         |                       | cc charges in Dest. Currency |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
|                                                                                              |  |                                       |  |                         |                       |                              |  | Executed on (Date) at (Place) Signature of Issuing Carrier or its Agent                                                                                                                                                                                                                         |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
|                                                                                              |  | Charges at Destination                |  |                         |                       |                              |  | Total collect Charges                                                                                                                                                                                                                                                                           |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |
|                                                                                              |  | For Carrier's Use only at Destination |  |                         |                       |                              |  |                                                                                                                                                                                                                                                                                                 |  |                            |  |      |  |              |                                                                                                                                                                                              |          |  | 018-92272983                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |       |  |                             |  |      |  |                            |  |  |  |

|                                                                                             |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |
|---------------------------------------------------------------------------------------------|--|---------------------------------|--|------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|----------------------------|--|------|--|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|-----------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|------|--|----------------------------|--|--|--|
| 018                                                                                         |  | HKT                             |  | 92272983                     |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  | 92272983 |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |
| Shipper's Name and Address                                                                  |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  | Shipper's account Number   |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  | Not Negotiable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                             |  |      |  |                            |  |  |  |
| NINGBO YIMAODA TRADING CO. LTD<br>ZOUXI VILLAGE TANGXI TOWN YINZHOU D NINGBO undefined (CN) |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  | Air Waybill<br>Issued by Juneyao Airlines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                             |  |      |  |                            |  |  |  |
| Consignee's Name and Address                                                                |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  | Consignee's account Number |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  | Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                             |  |      |  |                            |  |  |  |
| ALLINE BV<br>CONTOUR AVENUE 71 2133 LD HOOFFDORP AMS 2133 (NL)                              |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  | 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     |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |
| Agent's IATA Code                                                                           |  |                                 |  |                              | Account No.           |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |
| Airport of Departure (Addr of first Carrier) and requested Routing                          |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  | Reference Number           |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  | Optional Shipping Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                             |  |      |  |                            |  |  |  |
| Shanghai Pudong International Airport                                                       |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |
| to                                                                                          |  | By first Carrier                |  | Routing and Destination      |                       | to                                                                                                                                                                                                                                                                                              |  | by                 |  | to                         |  | by   |  | Currency |                                                                                                                                                                                              | CHGS Code |  | WT/VAL                                                    |  | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Declared Value for Carriage |  |      |  | Declared Value for Customs |  |  |  |
| HKT                                                                                         |  | HO1369/30                       |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  | CNY      |                                                                                                                                                                                              | PP        |  | PPD X                                                     |  | COLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | PPD X                       |  | COLL |  | NVD NCV                    |  |  |  |
| Airport of Destination                                                                      |  |                                 |  |                              | Requested Flight/Date |                                                                                                                                                                                                                                                                                                 |  |                    |  | Amount of Insurance        |  |      |  |          | INSURANCE - If carrier offers insurance, such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance" |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |
| Phuket International Airport                                                                |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  | XXX                        |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |
| Handling Information                                                                        |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  | SCI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                             |  |      |  |                            |  |  |  |
| No. of Pieces RCP                                                                           |  | Gross Weight                    |  | kg lb                        |                       | Rate Class                                                                                                                                                                                                                                                                                      |  | Commodity Item No. |  | Chargeable Weight          |  | Rate |  | Charge   |                                                                                                                                                                                              | Total     |  | Nature and Quantity of Goods (incl. Dimensions or Volume) |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |
| 97                                                                                          |  | 1,214.00                        |  | K                            |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |          |                                                                                                                                                                                              |           |  | JACKETS 610190                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |
| 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                |                       | Signature of Shipper or his Agent                                                                                                                                                                                                                                                               |  |                    |  |                            |  |      |  |          |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |
|                                                                                             |  | 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                                                                                                                                                                                                                                                                           |  |                    |  |                            |  |      |  |          |                                                                                                                                                                                              | 92272983  |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |