

|                                                                                        |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
|----------------------------------------------------------------------------------------|--|---------------------------------|--|------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|----------------------------|--|------|--|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|-----------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|------|--|-----|----------------------------|-----|--|--|-----|--|--|--|--|
| 465                                                                                    |  | HKT                             |  | 14998292                     |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  | 465-14998292 |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| Shipper's Name and Address                                                             |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  | Shipper's account Number   |  |      |  |              |                                                                                                                                                                                              |           |  |                                                           |  | Not Negotiable<br><b>Air Waybill</b><br>Issued by <b>Air Astana</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| AIR ASTANA JSC<br>4A ZAKARPATSKAYA STR ALMATY 050039 (KZ)                              |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| BANGKOK AIR CATERING PHUKET CO.,LTD<br>PHUKET CO. LTD.138 MOO1 SAKHU PHUKET 83110 (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     |  |      |  |              |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| KC CARGO SALES OFFICE / ALMATY                                                         |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| Agent's IATA Code                                                                      |  |                                 |  |                              | Account No.           |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| 0000001                                                                                |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| Airport of Departure (Addr of first Carrier) and requested Routing                     |  |                                 |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  | Reference Number           |  |      |  |              |                                                                                                                                                                                              |           |  |                                                           |  | Optional Shipping Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| Almaty 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                                                                                    |  | KC563/06                        |  |                              |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  | KZT          |                                                                                                                                                                                              |           |  | PPD                                                       |  | COLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | PPD                         |  | 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) |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| 77                                                                                     |  | 481.00                          |  | K                            |                       |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |                                                                                                                                                                                              |           |  | CATERING<br><br>DIMS:<br>VOLUME: 2.31 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                                                                                                                                                                                                                         |  |                    |  |                            |  |      |  |              |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |
| For Carrier's Use only at Destination                                                  |  | Charges at Destination          |  |                              |                       | Total collect Charges                                                                                                                                                                                                                                                                           |  |                    |  |                            |  |      |  |              |                                                                                                                                                                                              |           |  |                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |     |                            |     |  |  |     |  |  |  |  |

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