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|--------------------------------------------------------------------|------------------|----------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|---|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------|-----------------------------------------------------------------------------------------------------------------------|-----|
| Shipper's Name and Address                                         |                  | Shipper's account Number   |    | Not Negotiable<br><b>Air Waybill</b><br>Issued by <b>Nok Air</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| THAI AIR ASIA SHP<br>PHUKET PHUKET 83110 (TH)<br>TEL : 076351355   |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| 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<br>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                              |                  | THAI AIR ASIA / PHUKET     |    | Accounting information<br><br>"FREIGHT PREPAID"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| Agent's IATA Code                                                  |                  | Account No.                |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| 0000001                                                            |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| Airport of Departure (Addr of first Carrier) and requested Routing |                  |                            |    | Reference Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                    |    | Optional Shipping Information                                                                                                                                                                |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| 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                                                                | DD5210/10        |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    | THB                                                                                                                                                                                          | 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" |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
|                                                                    |                  |                            |    | NIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| 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)                                                             |     |
| 50                                                                 | 3,579.00         | K                          |    | E0068                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      | CONSOLIDATE<br>HAWB:<br>HKT1010221001,HKT1010221002<br>DIMS: 122x120x110CM/20<br>122x120x110CM/30<br>VOLUME: 80.52 MC |     |
| Prepaid                                                            |                  |                            |    | Weight Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                    |    | Collect                                                                                                                                                                                      |           |        |   | Other Charges |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
|                                                                    |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               | null null                                                                                                                                                                                                                                                                                                                                         |                             |      |                                                                                                                       |     |
| Valuation Charge                                                   |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| Tax                                                                |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| Total other Charges Due Agent                                      |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| Total other Charges Due Carrier                                    |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               | 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.<br><br>.....<br>Signature of Shipper or his Agent |                             |      |                                                                                                                       |     |
|                                                                    |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
|                                                                    |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
|                                                                    |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| Total prepaid                                                      |                  |                            |    | Total collect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                    |    |                                                                                                                                                                                              |           |        |   |               | .....<br>Signature of Issuing Carrier or its Agent                                                                                                                                                                                                                                                                                                |                             |      |                                                                                                                       |     |
| 0.00                                                               |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| Currency Conversion Rates                                          |                  |                            |    | cc charges in Dest. Currency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                    |    |                                                                                                                                                                                              |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| Charges at Destination                                             |                  |                            |    | Total collect Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                    |    | Executed on (Date) at (Place)                                                                                                                                                                |           |        |   |               |                                                                                                                                                                                                                                                                                                                                                   |                             |      |                                                                                                                       |     |
| For Carrier's Use only at Destination                              |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                    |    |                                                                                                                                                                                              |           |        |   |               | 01-10102210                                                                                                                                                                                                                                                                                                                                       |                             |      |                                                                                                                       |     |

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|---------------------------------------------------------------------|------------------|---------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|---|-----------------------------------------------------------|-----|-----------------------------|-----|----------------------------|-----|--|
| Shipper's Name and Address                                          |                  | Shipper's account Number        |    | Not Negotiable<br><b>Air Waybill</b><br>Issued by <b>Nok Air</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                              |           |        |   |                                                           |     |                             |     |                            |     |  |
| 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<br>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<br><br>THAI AIR ASIA / PHUKET |                  |                                 |    | Accounting information<br><br>"FREIGHT PREPAID"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                              |           |        |   |                                                           |     |                             |     |                            |     |  |
| Agent's IATA Code<br><br>0000001                                    |                  | Account No.                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                              |           |        |   |                                                           |     |                             |     |                            |     |  |
| Airport of Departure (Addr of first Carrier) and requested Routing  |                  |                                 |    | Reference Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                 |    | Optional Shipping Information                                                                                                                                                                |           |        |   |                                                           |     |                             |     |                            |     |  |
| 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                                                                 | DD5210/10        |                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                 |    | THB                                                                                                                                                                                          | PP        | PPD    | X | COLL                                                      | PPD | X                           | NVD |                            | NCV |  |
| Airport of Destination                                              |                  | Requested Flight/Date           |    | Amount of Insurance<br><br>NIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                 |    | 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" |           |        |   |                                                           |     |                             |     |                            |     |  |
| Handling Information                                                |                  |                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                              |           |        |   |                                                           |     |                             |     |                            | SCI |  |
| No. of Pieces RCP                                                   | Gross Weight     | kg                              | lb | Rate Class<br>Commodity Item No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | Chargeable Weight                                                                                                                                                                                                                                                                               |    | Rate<br>Charge                                                                                                                                                                               |           | Total  |   | Nature and Quantity of Goods (incl. Dimensions or Volume) |     |                             |     |                            |     |  |
| 20                                                                  | 1,234.00         | K                               |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                              |           |        |   | MANGO<br>DIMS: 122x120x110CM/20<br>VOLUME: 32.208 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 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                              |           |        |   |                                                           |     |                             |     |                            |     |  |
|                                                                     |                  |                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                              |           |        |   |                                                           |     |                             |     |                            |     |  |
|                                                                     |                  |                                 |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | Signature of Shipper or his Agent                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                              |           |        |   |                                                           |     |                             |     |                            |     |  |
| Total prepaid                                                       |                  | Total collect                   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                 |    |                                                                                                                                                                                              |           |        |   |                                                           |     |                             |     |                            |     |  |
| 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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| Shipper's Name and Address                                         |                  | Shipper's account Number   |    | Not Negotiable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
|                                                                    |                  |                            |    | <b>Air Waybill</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
|                                                                    |                  |                            |    | Issued by <b>Nok Air</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
|                                                                    |                  |                            |    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
| THAI AIR ASIA / PHUKET                                             |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
| Agent's IATA Code                                                  |                  | Account No.                |    | "FREIGHT PREPAID"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
| 0000001                                                            |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
| Airport of Departure (Addr of first Carrier) and requested Routing |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |    |                                                                         |           |        |   | Reference Number                                                                                                                                                                                                                                                                                |     |                             |      | Optional Shipping Information                             |  |                            |  |     |  |  |  |  |  |  |  |
| 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                                                                | DD5210/10        |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |    | THB                                                                     | 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"                                                                                                    |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
|                                                                    |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |    | NIL                                                                     |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
| Handling Information                                               |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  | SCI |  |  |  |  |  |  |  |
| No. of Pieces RCP                                                  | Gross Weight     | kg                         | lb | Rate Class                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Commodity |    | Chargeable Weight                                                       |           | Rate   |   | Charge                                                                                                                                                                                                                                                                                          |     | Total                       |      | Nature and Quantity of Goods (incl. Dimensions or Volume) |  |                            |  |     |  |  |  |  |  |  |  |
| 30                                                                 | 2,345.00         | K                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      | BANANA<br>DIMS: 122x120x110CM/30<br>VOLUME: 48.312 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
|                                                                    |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
|                                                                    |                  |                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |           |    |                                                                         |           |        |   | Signature of Shipper or his Agent                                                                                                                                                                                                                                                               |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
| Total prepaid                                                      |                  |                            |    | Total collect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |           |    |                                                                         |           |        |   |                                                                                                                                                                                                                                                                                                 |     |                             |      |                                                           |  |                            |  |     |  |  |  |  |  |  |  |
| 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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