

|                                                                    |  |                                 |  |                              |  |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |  |                                                                         |  |        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------|--|---------------------------------|--|------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|--|----------------------------|--|------|--|--------------|--|-------------------------------------------------------------------------|--|--------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|------|--|----------------------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| 001                                                                |  | HKT                             |  | 74385762                     |  |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  | 001-74385762 |  |                                                                         |  |        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| Shipper's Name and Address                                         |  |                                 |  |                              |  |                                                                                                                                                                                                                                                                                                 |  |                    |  | Shipper's account Number   |  |      |  |              |  |                                                                         |  |        |  | Not Negotiable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| nm nmnm nm mn TEL: mn                                              |  |                                 |  |                              |  |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |  |                                                                         |  |        |  | Air Waybill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| jkkj kj jk kj TEL: kjkkj                                           |  |                                 |  |                              |  |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |  |                                                                         |  |        |  | It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required. |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| Issuing Carrier's Agent Name and City                              |  |                                 |  |                              |  |                                                                                                                                                                                                                                                                                                 |  |                    |  | Accounting information     |  |      |  |              |  |                                                                         |  |        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| Agent's IATA Code                                                  |  |                                 |  |                              |  |                                                                                                                                                                                                                                                                                                 |  |                    |  | Account No.                |  |      |  |              |  |                                                                         |  |        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| Airport of Departure (Addr of first Carrier) and requested Routing |  |                                 |  |                              |  |                                                                                                                                                                                                                                                                                                 |  |                    |  | Reference Number           |  |      |  |              |  |                                                                         |  |        |  | Optional Shipping Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| Phuket International Airport, Thailand                             |  |                                 |  |                              |  |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |  |                                                                         |  |        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| BKK                                                                |  | VZ315/29                        |  |                              |  |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  | THB          |  | CZ                                                                      |  | 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" |  |  |  |  |  |  |  |  |  |
| Suvarnabhumi Airport, Thailand                                     |  |                                 |  |                              |  |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |  |                                                                         |  |        |  | 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| 106                                                                |  | 116 K                           |  | K                            |  |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |  |                                                                         |  |        |  | undefined Dims:<br>32X32X32CMS/32<br>32X32X32CMS/32<br>42X42X42CMS/42<br>HAWB fadsf,<br>HKT03141835,<br>BKK131641                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
| 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                |  |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |  | 19/05/2022                                                              |  |        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |
|                                                                    |  | 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        |  |                                                                                                                                                                                                                                                                                                 |  |                    |  |                            |  |      |  |              |  | 001-74385762                                                            |  |        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                             |  |      |  |                            |  |  |  |                                                                                                                                                                                              |  |  |  |  |  |  |  |  |  |