


# Air Waybill

079 CGY 14329420

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Shipper's Name and Address Shipper's Account Number DE00019 TEL. 00-0000000		Not Negotiable <b>Air Waybill</b> Issued by <b>PHILIPPINE AIRLINES</b> PNB Financial Center, Cloverleaf Municipal Bldg. Pasay, 1300 Metro Manila Philippines					
Consignee's Name and Address [REDACTED]		Copies 1, 2 and 3 of the Air Waybill are originals and have the same validity. It is agreed that the goods described herein are 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 HEREBY BY THE SHIPPER AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THAT 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 Office's Agent Name and City Agents IATA Code Account No.		Accounting Information					
Airport of Departure (Addr. Of First Carrier) and Required Routing		Reference Number		Optional Shipping Information			
To: <input type="checkbox"/> By First Carrier <input type="checkbox"/> Reinsurance Division		From: <input type="checkbox"/> By <input type="checkbox"/> To: <input type="checkbox"/> By <input type="checkbox"/>		Currency: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Report of Destination Reported Flight Date		Amount of Insurance		INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with the conditions thereof, indicate amount to be insured in square in box marked "Amount of Insurance".			
Handling Information							
SOI							
No. of Pieces Pcs	Gross Weight	Rate Class	Commodity Remarks	Chargeable Weight	Rate Class	Total	Notes and Quantity of Goods (No. Dimensions or Volume)
Prepaid		Value Charge		Collect		Other Charges	
Valuation Charge		Tax		Total Other Charges Due/To Agent		The consignee certifies that the shipment is received in good order, except where noted below.	
Total Prepaid		Total Collect		Total Other Charges Due/To Carrier		CONTACT THIS AIRCARRIER FOR TECHNICAL AND TARIFF	
Signature of Shipper		Signature of Agent		Signature of Issuing Office or Agent		TONE BARTOLABA	

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REPRINT

This document is not valid for claim if you check.