

| Shipper's Name and Address AMDOCS ISRAEL 4 DOLEV ST RAANNA 366204 | | | Shipper's Account Number | | | Not Negotiable Air Waybill ALLCARGO LOGISTIC SERVICES LTD 3 HASHARON ST. 7019900 LOD ISRAEL TEL:073-2555200 FAX:03-9795330 Issued by | | | | | | |
|---|---------------------------|-------------------------|---|--------------------|-------------------|--|------------|--|---|----------|-----------------------------|----------------------------|
| Consignee's Name and Address RESA EXPO LOGISTICS MWC BARCELONA Exhibitor name / Stand no GRAN VIA C/Botnica 62 Entrada Nr. 4 FIRA 08908 Hospitalet Barcelona, Spain | | | 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 at liability by declaring a higher value for carriage and paying a supplemental charge if required. | | | | | | |
| Issuing Carrier's Agent Name and City ALLCARGO LOGISTIC SERVICES LTD 3 HASHARON ST. 7019900 LOD ISRAEL | | | Accounting Information Notify: Shipping Department Tel +34 93 390 54 94 | | | Agent's IATA Code 37-4-7102 | | | Account No. | | | |
| Airport of Departure (addr. of First Carrier) and Requested Routing Tel-Aviv | | | | | | 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 |
| FRA | Lufthansa Cargo AG | | BCN | LH | | | USD | PP | X | X | N V D | N C V |
| Airport of Destination Barcelona | | | Requested Flight/Date 8291/1902 7620/2102 | | | Amount of Insurance X X X | | | INSURANCE . If carrier offers Insurance, and each Insurance is requested in accordance with the conditions thereof. Indicate amount to be insured in figures in box marked "Amount of Insurance". | | | |
| Handling Information ENVELOPE ATTACHED MARKS AND NUMBERS HS Code:850440000 | | | | | | | | | | | | |
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| <small>(For USA only): These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to USA law prohibited.</small> | | | | | | | | | | | | |
| 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) | | | | |
| 2 | 249.00 | K | Q | | 286.50 | | As Agreed | EXHIBITION GOODS PERMANENT INVOICE 0212202696PE H.S 852352000 DIM: 1(120X80X97)CMS 1(120X80X82)CMS AS VOL 286.400 KGS 1.7184 CBM Inv.No:INVOICE 0212202696P | | | | |
| 2 | 249.00 | | | | | | As Agreed | | | | | |
| Prepaid | | | Weight Charge | | | Collect | | | Other Charges | | | |
| As Agreed | | | | | | | | | | | | |
| 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 | | | | | | | | | ALLCARGO LOGISTIC SERVICES LTD /Ofer Haran REF:101184 JOB:113538 | | | |
| Total Prepaid | | | Total Collect | | | | | | Signature of Shipper or his Agent | | | |
| As Agreed | | | | | | | | | 20.02.26 Tel-Aviv ALLCARGO LOGISTIC SERVICES LTD | | | |
| Currency Conversion Rates | | | CC Charges in Dest. Currency | | | | | | Executed on (date) at (place) Signature of Issuing Carrier or its Agent | | | |
| For Carriers Use only at Destination | | | Charges at Destination | | | Total Collect Charges | | | ACL-00101184 | | | |