

B/L NO: BGTSH2509008

## Shipper

JIANGSU INTO MEDICAL PRODUCTS CO.,LTD.  
NO.298 YANDUNSHAN RD.,DAGANG ZHENJIANG,  
JIANGSU PROVINCE,212132 P.R.CHINA  
T:0511-83174088

## BILL OF LADING

## Consignee

CONSEJO NACIONAL DE DISCAPACIDAD  
C/PROYECTO NO.12, AVE 27 DE FEBRERO  
ENSANCHE MIRAFLORES,DISTRITO NACIONAL  
SANTA DOMINGO,REPUBLICA DOMINICANA  
ALEXIS ALCANTARA TEL:8096875480 EXT 295  
Notify Party(Complete name and address)

CONSEJO NACIONAL DE DISCAPACIDAD  
C/PROYECTO NO.12, AVE 27 DE FEBRERO  
ENSANCHE MIRAFLORES,DISTRITO NACIONAL  
SANTA DOMINGO,REPUBLICA DOMINICANA  
ALEXIS ALCANTARA TEL:8096875480 EXT 295

Place of Receipt

Ocean vessel

Port of Loading

CMA CGM G.WASHINGTON 0PPG8E

SHANGHAI

Port of discharge

Place of delivery

CAUCEDO

SANTO DOMINGO

Marks and numbers

Number and Kind of packages  
282 CTNS

Description of goods

Gross weight  
5644.510 KGS

Measurement  
57.700 CBM

N/M

AS 1x40'HC

WHEELCHAIR AND SPARE PARTS

SHIPPED ON BOARD

20250929

PARTICULARS FURNISHED BY SHIPPER

PCY-CY

ECMU5121105/M4146858

FREIGHT COLLECT

SAY TWO HUNDRED AND EIGHTY TWO CTNS ONLY

according to the declaration of the consignor

ASG DOMINICANA,SAS

REVENUE TONS

RATE


PREPAID

COLLECT

CALLE JOSE GABRIEL GARCIA # 8,ZONA COLONIAL  
SANTO DOMINGO,REPUBLICA DOMINICANA  
PH 809-685-3760/RNC 130336164  
CTC:PAMELA REYNOSO

The goods and instructions are accepted and dealt with subject to the Standard Conditions printed overleaf.

Taken in charge in apparent good order and condition, unless otherwise noted herein, at the place of receipt for transport and delivery as mentioned above.  
One of these Combined Transport Bills of lading must be surrendered duly endorsed in exchange for the goods. In Witness whereof the original Combined.  
Transport Bills of Lading all of this tenor and date have been signed in the number stated below, one of which being accomplished the other(s) to be void.

Freight amount	Freight Payable at	Place and date of issue 2025-09-29 SHANGHAI
Cargo Insurance through the undersigned <input type="checkbox"/> not covered <input type="checkbox"/> Covered according to attached Policy	Number of Original THREE(3)	
For delivery of goods Please apply to:		Panda Logistics Limited  By <u>Daniel</u> AS CARRIER