

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

P.O. BOX 8876, EDENGLLEN 1610
www.cargoworks.co.za

JOHANNESBURG
☎ (011) 873-1212
FAX (011) 873-0715

CAPE TOWN
☎ (021) 934-8040
FAX (021) 934-8030

DURBAN
☎ (031) 702-01
FAX (031) 702-61

PORT ELIZABETH
☎ (041) 486-1032
FAX (041) 486-1036

NELSPRUIT
☎ (013) 758-2067
FAX (013) 758-2068

EAST LONDON
☎ (043) 736-61
FAX (043) 736-11

PROOF OF DELIVER

| | | | | |
|----------------|-------------|-----------|--------------------------|---------------------|
| DATE: 07/09/18 | ORIGIN: JHB | DEST: CPT | LINEHAUL VEHICLE: 139811 | WAYBILL NO. 3219235 |
|----------------|-------------|-----------|--------------------------|---------------------|

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|----------------------------------|-------------|
| FOR ACCOUNT OF: (POSTAL ADDRESS) | ACCOUNT NO. |
|----------------------------------|-------------|

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| SENDER'S NAME AND ADDRESS Dim Solutions (JHB) 7 Suburbi Square Eastgate Cus. 18 | RECEIVER'S NAME AND ADDRESS Dim Solutions (CPT) 110 Waverley Bds. Park 27 NCH 0559 ADAS |
|--|--|

| | | | |
|------------------------------|-----------------|----------------------|---------------------|
| SENDER'S NAME: Dim Solutions | PHONE: 321-3491 | CONTACT NAME: Andrew | PHONE: 083 602 5980 |
|------------------------------|-----------------|----------------------|---------------------|

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| NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED. NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES. |
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| NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED. NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES. | | | | | | | |
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| QTY. PACKS | PACKAGING | CONTENTS | DIMENSIONS (CM) | | | VOLUME WEIGHT | ACTUAL MASS KG |
|------------|-------------|----------------------|-----------------|----|-----|---------------|----------------|
| | | | L | B | H | | |
| 1 | 21kg Pallet | PALLET (50.0kg 50kg) | 210 | 80 | 117 | | 180 |
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| SPECIAL INSTRUCTIONS: | CHARGEABLE WEIGHT |
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|--|---|--|---|
| SENDER SIGNATURE: [Signature] PRINT NAME: [Name] DATE: 07/09/18 TIME: | COLLECTED BY Goods correctly packed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SIGNATURE: [Signature] PRINT NAME: [Name] DATE: 07/09/18 TIME: | DELIVERED BY SIGNATURE: [Signature] PRINT NAME: [Name] DATE: 07/09/18 TIME: | RECIPIENT SIGNATURE: [Signature] PRINT NAME: [Name] DATE: 11-09-18 TIME: |
|--|---|--|---|

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|--|--|--|--|
| By your signature, you confirm that you have read the Conditions of Consignment on the back of this document and that you agree to be bound by all the Conditions. | | | |
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| FOR OFFICE USE ONLY | | | |
|---------------------|--------------|--|--|
| RATE | | | |
| | CHARGE | | |
| | SURCHARGE | | |
| | DOCUMENT FEE | | |
| | VAT | | |
| | TOTAL | | |

PLEASE USE BALLPOINT PEN AND PRESS HARD