

# CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138/60

P.O. BOX 8878, EDENGLLEN 1810  
www.cargoworks.co.za

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

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

DURBAN  
☎ (031) 702-0252  
FAX (031) 702-8216

PORT ELIZABETH  
☎ (041) 486-1092  
FAX (041) 486-1096

NELSPRUIT  
☎ (013) 758-2067  
FAX (013) 758-2058

EAST LONDON  
☎ (043) 736-8077  
FAX (043) 736-1424

**PROOF OF DELIVERY**

DATE <u>5.10.16</u>	ORIGIN <u>DR</u>	DEST. <u>JHB</u>	LINEHAUL VEHICLE	WAYBILL NO. <u>2008003</u>
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS <u>Life Enkasheni Hospital</u> <u>148 South Ridge Rd. Peers</u>		RECEIVERS NAME AND ADDRESS <u>Priortex J.H.B</u>	
SENDER'S NAME: <u>Life</u>		CONTACT NAME: <u>Mr. Dube</u>	
PHONE: <u>011 873 1212</u>		PHONE:	
		POSTAL CODE:	

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	Box	Medical Sponges	48	38	29		

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT 7 kg

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT	FOR OFFICE USE ONLY			
SIGNATURE: <u>L. Dube</u>	Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: <u>Thabani</u>	SIGNATURE: <u>B. Dube</u>	SIGNATURE: <u>Thabani</u>	RATE	CHARGE	SURCHARGE	DOCUMENT FEE
PRINT NAME: <u>L. Dube</u>	PRINT NAME: <u>Thabani</u>	PRINT NAME: <u>B. Dube</u>	PRINT NAME: <u>Thabani</u>				
DATE: <u>5/10/16</u>	DATE: <u>5/10/16</u>	DATE: <u>06/10/16</u>	DATE: <u>06/10/16</u>				
TIME: <u>08:30</u>	TIME: <u> </u>	TIME: <u> </u>	TIME: <u> </u>				
				TOTAL			

By 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

PLEASE USE BALLPOINT PEN AND PRESS HARD