



CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

JOHANNESBURG
☎ (011) 873-1212
FAX (011) 873-0715CAPE TOWN
☎ (021) 934-8040
FAX (021) 934-8030DURBAN
☎ (031) 702-0252
FAX (031) 702-6218PORT ELIZABETH
☎ (041) 486-1092
FAX (041) 486-1096NELSPRUIT
☎ (013) 758-2067
FAX (013) 758-2068EAST LONDON
☎ (043) 736 6077
FAX (043) 736-1424

H23

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

PROOF OF DELIVERY

DATE	10/10/19	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO.	3299983
------	----------	--------	-------	------------------	-------------	---------

FOR ACCOUNT OF: (POSTAL ADDRESS)	More Analytics Prioriter JHB	ACCOUNT NO.
-------------------------------------	------------------------------	-------------

SENDERS NAME AND ADDRESS BLOEMED MEDICAL SUPPLIERS & SERVICES 9 STEGMAN STREET UNIVERSITAS BLOEMFONTEIN		RECEIVERS NAME AND ADDRESS Prioriter Corporate Park North 313 Roon Gescent Eif 493 Old Pretoria Road Randfontein	
SENDERS NAME: Cheryl	PHONE: 051 9	CONTACT NAME: Caila	PHONE: 011 237 5900

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) L B H			VOLUME WEIGHT	ACTUAL MASS KG
	Boxes	Medical goods	54	54	50		

SPECIAL INSTRUCTIONS:

CHARGEABLE
WEIGHT

59.5kg

SENDER Signature: Cheryl PRINT NAME: Cheryl DATE: 10/10/19 TIME:	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature: Samuel PRINT NAME: Samuel DATE: 15/10/19 15:22 TIME:	DELIVERED BY Signature: Brian PRINT NAME: Brian DATE: 14/10/19 13:07 TIME:	RECIPIENT Signature: Gabe PRINT NAME: Gabe DATE: 14/10/19 15:11 TIME:	FOR OFFICE USE ONLY RATE CHARGE SURCHARGE DOCUMENT FEE V.A.T TOTAL
--	--	--	---	--

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.

PLEASE USE BALLPOINT PEN AND PRESS HARD