

# CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138780

P.O. BOX 8878, 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) 702-0252  
FAX (031) 702-6218

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

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

EAST LONDON  
☎ (043) 736 6077  
FAX (043) 736-1424

**PROOF OF DELIVERY**

DATE 11/11/16 ORIGIN JHB DEST. BEN LINEHAUL VEHICLE 2002727 WAYBILL NO. 2002727

FOR ACCOUNT OF: MAPOL ACCOUNT NO. MAPOL

SENDERS NAME AND ADDRESS PRION TEX JHB RECEIVERS NAME AND ADDRESS Bloemfontein - Pharmacy Store

313 ROBIN CRESCENT Glykellne & Parfit Street POSTAL CODE: Bloemfontein

SENDERS NAME: Peter PHONE: 011 237 5900 CONTACT NAME: Mica Mitchell PHONE: 051 404 6542

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
05	Boxed	Boxes only del note nos 42218-2 42264-0 <u>OS Boxes</u>	45	45	50		61 kg

SPECIAL INSTRUCTIONS: CHARGEABLE WEIGHT

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT	FOR OFFICE USE ONLY	
<u>Peter</u> SIGNATURE: <u>Peter</u> PRINT NAME: <u>Peter</u> DATE: <u>11/11/16</u> TIME: <u></u>	<u>W. M. M. M.</u> Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PRINT NAME: <u>W. M. M. M.</u> DATE: <u>11/11/16</u> TIME: <u></u>	<u></u> PRINT NAME: <u></u> DATE: <u></u> TIME: <u></u>	<u>M. M. M.</u> SIGNATURE: <u>M. M. M.</u> PRINT NAME: <u>M. M. M.</u> DATE: <u>11/11/16</u> TIME: <u>13:25</u>	RATE	
				CHARGE	
				SURCHARGE	
				DOCUMENT FEE	
				VAT	
				TOTAL	

By your signature, you confirm that you have read the Conditions of Engagement on the back of this document and that you agree to be bound by all the Conditions.

PLEASE USE BALLPOINT PEN AND PRESS HARD