

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

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

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FAX (011) 873-0715

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☎ (021) 934-8040
FAX (021) 934-8030

DURBAN
☎ (031) 702-0252
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☎ (041) 486-1092
FAX (041) 486-1096

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

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

PROOF OF DELIVERY

DATE	ORIGIN <i>CT</i>	DEST. <i>JHB</i>	LINEHAUL VEHICLE	WAYBILL NO. <i>2997779</i>
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS <i>Priontex</i>		RECEIVER'S NAME AND ADDRESS <i>Priontex</i>	
<i>35 Lester Rd</i>		<i>101 Old Pretoria Road</i>	
<i>Wynberg</i>		<i>Sage Corporate Park Randfontein</i>	
SENDER'S NAME:	PHONE:	CONTACT NAME:	PHONE:

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		
<i>9</i>	<i>Boxes</i>	<i>(9)</i>	<i>47</i>	<i>48</i>	<i>37</i>		

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT <i>285 Kg</i>
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SENDER SIGNATURE: <i>Sebastian</i> PRINT NAME: <i>Sebastian</i> DATE: <i>13/1/17</i> TIME:	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: <i>Gumabo</i> PRINT NAME: <i>Gumabo</i> DATE: <i>13/1/17</i> TIME:	DELIVERED BY SIGNATURE: <i>Victor</i> PRINT NAME: <i>Victor</i> DATE: <i>16/01/17</i> TIME:	RECIPIENT SIGNATURE: <i>Philade</i> PRINT NAME: <i>Philade</i> DATE: <i>16/01/17</i> TIME:	FOR OFFICE USE ONLY <table border="1"> <tr> <th>RATE</th> <th>CHARGE</th> <th>SURCHARGE</th> <th>DOCUMENT FEE</th> <th>V.A.T</th> <th>TOTAL</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	RATE	CHARGE	SURCHARGE	DOCUMENT FEE	V.A.T	TOTAL																																										
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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.

PLEASE USE BALLPOINT PEN AND PRESS HARD