

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) 702-0252
FAX (031) 702-6218

PORT ELIZABETH
☎ (041) 488-1092
FAX (041) 486-1098

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

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

PROOF OF DELIVERY

DATE: 20/05/19 ORIGIN: 148 DEST: OPS LINEHAUL VEHICLE: H/B/WL WAYBILL NO. 3295107

FOR ACCOUNT OF: (POSTAL ADDRESS) ACCOUNT NO.

SENDERS NAME AND ADDRESS: 95m SOLUTIONS (148) RECEIVERS NAME AND ADDRESS: 95m SOLUTIONS (OPS)

7 DELPHI STREET 11 B WATKINS BUL PARK

POSTAL CODE: 2011

SENDERS NAME: 95m SOLUTIONS PHONE: 531-5491 CONTACT NAME: J. CONRADIE PHONE: 83 600 5980

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		
2	2/9mm	200 P/M (2)	50	80	155		1020

SPECIAL INSTRUCTIONS: CHARGEABLE WEIGHT

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT	FOR OFFICE USE ONLY			
SIGNATURE:	Goods correctly packed: YES NO		SIGNATURE:	RATE			
PRINT NAME:	PRINT NAME:	PRINT NAME:	PRINT NAME:	CHARGE			
DATE:	DATE:	DATE:	DATE:	SURCHARGE			
TIME:	TIME:	TIME:	TIME:	DOCUMENT FEE			
				VAT			
				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

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

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

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

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

DURBAN
☎ (031) 702-0252
FAX (031) 702-6218

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

PROOF OF DELIVERY

DATE 20/05/19 ORIGIN 149 DEST. 095 LINEHAUL VEHICLE HAB/M WAYBILL NO. 3295107

FOR ACCOUNT OF: (POSTAL ADDRESS) 1 ACCOUNT NO.

SENDERS NAME AND ADDRESS 96m SOLUTIONS (149) RECEIVERS NAME AND ADDRESS 96m SOLUTIONS (095)

7 DELPHI STADES 11 B 210X200X125 BUL. 2095

EASTGATE CRG. 18 210X200X125 BUL. 2095 POSTAL CODE:

SENDERS NAME: 96m SOLUTIONS PHONE: 531-5491 CONTACT NAME: WILSON PHONE: 83 600 5980

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		
<u>2</u>	<u>2/boxes</u>	<u>BA 2000 P/M 21</u>	<u>50</u>	<u>80</u>	<u>155</u>		<u>1020</u>

SPECIAL INSTRUCTIONS:

SENDER SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>WILSON</u> DATE: <u>20/05/19</u> TIME: <u></u>	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>WILSON</u> DATE: <u>20/05/19</u> TIME: <u></u>	DELIVERED BY SIGNATURE: <u>[Signature]</u> PRINT NAME: <u></u> DATE: <u></u> TIME: <u></u>	RECIPIENT SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>J. CONRADIE</u> DATE: <u>23-5</u> TIME: <u>12:10</u>	CHARGEABLE WEIGHT FOR OFFICE USE ONLY RATE 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

SCANNED