

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

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

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

PROOF OF DELIVERY

DATE <u>23/05/19</u>	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO. <u>3299968</u>
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FOR ACCOUNT OF: <u>More Analytics Bionlex JHB</u>	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS <u>BLOEMED MEDICAL SUPPLIERS & SERVICES</u> <u>9 STEGMAN STREET UNIVERSITAS</u> <u>BLOEMFONTEIN</u>		RECEIVERS NAME AND ADDRESS <u>Pionlex Corporate Park North</u> <u>313 Roan Gesent E1493</u> <u>Old Pictoria Road</u> <u>Randfontein</u>	
SENDER'S NAME: <u>Cheryl</u>	PHONE: <u>051 522 1455</u>	CONTACT NAME: <u>Carla</u>	PHONE: <u>011 2375900</u>

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
<u>11</u>	<u>Boxes</u>	<u>Medical goods</u>	<u>54</u>	<u>54</u>	<u>50</u>		
						<u>100 kg</u>	

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

SENDER <u>C/od</u> SIGNATURE: <u>Cheryl</u> PRINT NAME: <u>23/05/19</u> DATE:	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>DAVID</u> PRINT NAME: <u>23/05/19 15:04</u> DATE: TIME:	DELIVERED BY <u>Brian</u> PRINT NAME: <u>27/05/19 13:05</u> DATE: TIME:	RECIPIENT <u>Philasani</u> SIGNATURE: <u>Philasani</u> PRINT NAME: <u>27/05/19 13:05</u> DATE: TIME:	FOR OFFICE USE ONLY <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</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