

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) 702-8218

PORT ELIZABETH
☎ (041) 486-1092
FAX (041) 486-1086

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

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

PROOF OF DELIVERY

| | | | | |
|----------------------|-------------------|------------------|------------------|----------------------------|
| DATE 24-06-16 | ORIGIN EBN | DEST. JHB | LINEHAUL VEHICLE | WAYBILL NO. 2900023 |
|----------------------|-------------------|------------------|------------------|----------------------------|

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| FOR ACCOUNT OF: (POSTAL ADDRESS) | ACCOUNT NO. |
|-------------------------------------|-------------|

| | | | |
|------------------------------------------------------------|--------------------------------|----------------------------|--------|
| SENDER'S NAME AND ADDRESS 1.1E ENTABENI HOSPITAL | | RECEIVERS NAME AND ADDRESS | |
| 148 South Ridge Road | | Prion-tex JHB | |
| Berea | | POSTAL CODE: | |
| SENDER'S NAME: Hlophe Israel | PHONE: (031) 2041360 | 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 | | |
| 1 | Box | Soiled | 50 | 38 | 58 | | |
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| SPECIAL INSTRUCTIONS: | CHARGEABLE WEIGHT 11 kg |
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| SENDER H. Israel SIGNATURE: Hlophe Israel PRINT NAME: 24-06-16 08h00 DATE: TIME: | COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Inobani PRINT NAME: 24/06/16 DATE: TIME: | DELIVERED BY Wellingford PRINT NAME: 24/06/2016 12h08 DATE: TIME: | RECIPIENT C. Koro SIGNATURE: C. Koro PRINT NAME: 24/06/16 12:08 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 | | | |
| 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