


VAT REG NO. 4430138760

TELEPHONE (011) 873-1212
FAX (011) 873-0715


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

DURE
 (031) 702-0
 FAX (031) 702-6

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

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

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

EAST LON
 (043) 736 1
 FAX (043) 736-

DATE <i>8/16/21</i>	ORIGIN <i>PLZ</i>	DEST. <i>JNB</i>	LINEHAUL VEHICLE	WAYBILL NO. <i>3562075</i>
---------------------	-------------------	------------------	---------------------	----------------------------

FOR ACCOUNT OF:
(POSTAL ADDRESS)

ACCOUNT NO.

SENDERS NAME AND ADDRESS

RECEIVERS NAME AND ADDRESS

Atm Solution: PE

IVERS NAME AND ADDRESS
 Ann Schone JMS

7 Delphi St 3 Fastgate

POSTAL CODE:

SENDER'S NAME: Maldonado

PHONE: 0836611452

CONTACT NAME: *Leinette*

PHONE: 011 53/5291



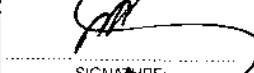
**NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.**

PLEASE USE BALLPOINT PEN AND PRESS HARD

SPECIAL INSTRUCTIONS:

4 FOUR K² PALLETS

CHARGEABLE
WEIGHT

SENDER		COLLECTED BY		DELIVERED BY		RECIPIENT		FOR OFFICE USE ONLY			
SIGNATURE: 		Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				SIGNATURE: 		RATE			
								CHARGE			
PRINT NAME		PRINT NAME		PRINT NAME		PRINT NAME		SURCHARGE			
DATE		DATE		DATE		DATE		DOCUMENT FEE			
TIME		TIME		TIME		TIME		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.

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