

CARGOWORKS

CO REG. No. 2012/075135/07

VAT REG NO. 4430198780

P.O. BOX 9876, EDENGLLEN 1610
www.cargoworks.co.za

JOHANNESBURG
TEL (011) 873-0715
FAX (011) 873-0715

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

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

PORT ELIZABETH
TEL (041) 488-1042
FAX (041) 488-1046

NELSPOORT
TEL (013) 758-2067
FAX (013) 758-2068

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

PROOF OF DELIVERY

DATE: 3/08/16 ORIGIN: JHB DEST: EL LINEHAUL VEHICLE: H23 WAYBILL NO. 2892780

FOR ACCOUNT OF: (POSTAL ADDRESS) ACCOUNT NO. MAP03

SENDER'S NAME AND ADDRESS PROF. ADDRESS: IRON TFX JHB 315 RAIN CRESCENT MIDRAND		RECEIVER'S NAME AND ADDRESS ST DOMINIC'S HOSPITAL 47 SUMMIT RD, BEACON BAY EAST LONDON	
SENDER'S NAME: JULY PHONE: 021 555 5500		CONTACT NAME: DEBBIE 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) L B H			VOLUME WEIGHT	ACTUAL MASS KG
5	BOXES	ROSES ONLY DEL # 40254-0 40255-0	45	45	50		90KG

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

SENDER SIGNATURE: JULY PRINT NAME: JULY DATE: 02/08/16 TIME:	COLLECTED BY Goods correctly packed: [YES] [NO] SIGNATURE: [Signature] PRINT NAME: [Name] DATE: 03/08/16 TIME:	DELIVERED BY SIGNATURE: [Signature] PRINT NAME: [Name] DATE: 02/09/16 TIME:	RECIPIENT SIGNATURE: [Signature] PRINT NAME: [Name] DATE: 02/09/16 TIME:	FOR OFFICE USE ONLY RATE: [] CHARGE: [] SURCHARGE: [] DOCUMENT FEE: [] VAT: [] 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