

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) 486-1082
FAX (041) 486-1085

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

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

PROOF OF DELIVERY

DATE	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO. 2990000
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS Lyt ENIABENT Hospital 149 South KIDCE RD. BEKA		RECEIVERS NAME AND ADDRESS PhonTex (JHB)	
SENDER'S NAME: Sya Louisa		CONTACT NAME:	
PHONE: 031 204 1360		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	30x60x100	48	36	18		

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT 12 kg
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SENDER SIGNATURE: <i>Sya</i> PRINT NAME: <i>Sya</i> DATE: 26.09.2016 TIME: 11:08	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: <i>Sya</i> PRINT NAME: <i>Sya</i> DATE: 26.09.16 TIME: 11:08	DELIVERED BY SIGNATURE: <i>William...</i> PRINT NAME: <i>William...</i> DATE: 27/09/2016 TIME: 11:08	RECIPIENT SIGNATURE: <i>PhonTex</i> PRINT NAME: <i>PhonTex</i> DATE: 27/09/16 TIME: 11:08	FOR OFFICE USE ONLY <table border="1"> <tr> <th>RATE</th> <th>CHARGE</th> <th>SURCHARGE</th> <th>DOCUMENT FEE</th> <th>V.A.T</th> <th>TOTAL</th> </tr> <tr> <td> </td> <td> </td> <td> </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