

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

G B/L

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) 486-1092
FAX (041) 486-1090

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

EAST LONDON
☎ (043) 736 8077
FAX (043) 736-1424

PROOF OF DELIVERY

| | | | | |
|------------------|---------------|--------------|---------------------|------------------------|
| DATE 12-09-16 | ORIGIN DBN | DEST. JHB | LINEHAUL VEHICLE | WAYBILL NO. 2930051 |
|------------------|---------------|--------------|---------------------|------------------------|

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

| | |
|---|--|
| SENDER'S NAME AND ADDRESS Life Entabeni Hospital 148 South Ridge Berea R.A. | RECEIVERS NAME AND ADDRESS Priontex JHB |
| | POSTAL CODE: |

| | | | |
|--------------------------|--------------------------|---------------|--------|
| SENDER'S NAME: Ayanda | PHONE: (031) 204 1360 | CONTACT NAME: | PHONE: |
|--------------------------|--------------------------|---------------|--------|


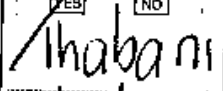


NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

| QTY PACKS | PACKAGING | CONTENTS | DIMENSIONS (CM) | | | VOLUME WEIGHT | ACTUAL MASS KG |
|--------------|-----------|--------------|-----------------|----|----|------------------|-------------------|
| | | | L | B | H | | |
| 1 | Box | Soiled Gowns | 45 | 45 | 53 | | |
| | | | | | | | |
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SPECIAL INSTRUCTIONS:

CHARGEABLE
WEIGHT

10 kg

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|---|------|--|--|--|--------|--|--|--|-----------|--|--|--|--------------|--|--|--|-----|--|--|--|-------|--|--|--|
| SENDER  SIGNATURE: Ayanda PRINT NAME: 12-9-16 08h00 DATE: TIME: | COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  PRINT NAME: Thabani 12/09/16 DATE: TIME: | DELIVERED BY  PRINT NAME: 12/09/16 10h30 DATE: TIME: | RECIPIENT  SIGNATURE: PRINT NAME: 12/09/16 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>VAT</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 | | | | VAT | | | | TOTAL | | | |
| RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHARGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SURCHARGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCUMENT FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

By your signature, you confirm that you have read the Conditions of Consignment on the back of the document and that you agree to be bound by all the Conditions

PLEASE USE BALLPOINT PEN AND PRESS HARD