

# 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

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☎ (021) 934-8040  
FAX (021) 934-8030

DURBAN  
☎ (031) 702-0262  
FAX (031) 702-6218

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

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

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

## PROOF OF DELIVERY

DATE <u>5/9/16</u>	ORIGIN <u>LDS</u>	DEST. <u>JAB</u>	LINEHAUL VEHICLE	WAYBILL NO. <u>2991758</u>
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS <u>Debra</u>		RECEIVER'S NAME AND ADDRESS <u>PRINITY</u>	
<u>42 Summit Rd</u>		<u>Corporate Park North</u>	
<u>B1 Bay East London</u>		<u>Road to Randjesburg</u>	
SENDER'S NAME: <u>Dobbe</u>	PHONE: <u>0823458516</u>	CONTACT NAME: <u>MIDRAND</u>	PHONE: <u>0112325900</u>

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
2	Boxed Box	(2)	47 47 51		22

### SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

<b>SENDER</b> <u>D. Slaby</u> SIGNATURE: <u>D. Slaby</u> PRINT NAME: <u>Slaby</u> DATE: <u>05/09/16</u> TIME: <u>13:30</u>	<b>COLLECTED BY</b> Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Sikhlile</u> PRINT NAME: <u>05/09/16 13:30</u> DATE: TIME:	<b>DELIVERED BY</b> <u>W. Thompson</u> PRINT NAME: <u>07/09/16 14:17</u> DATE: TIME:	<b>RECIPIENT</b> <u>M. Moseko</u> SIGNATURE: <u>M. Moseko</u> PRINT NAME: <u>07/09/16</u> DATE: TIME:	<b>FOR OFFICE USE ONLY</b> <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> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></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																														
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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