

# 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  
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FAX (031) 702-8218

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

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

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

## PROOF OF DELIVERY

DATE <u>05/09/16</u>	ORIGIN <u>BEN</u>	DEST. <u>JHB</u>	LINEHAUL VEHICLE	WAYBILL NO. <u>2775628</u>
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS <u>PSSMITS</u>		RECEIVER'S NAME AND ADDRESS <u>PRIONTEK MITCHELL CLEAN</u>	
<u>12 CAPT. PROCTOR STREET</u>		<u>392 ROAN CRESCENT</u>	
<u>BRANDWAG, BLOEMFONTEIN</u>		<u>CORPORATE PARK NORTH, MIDRAND</u>	
SENDER'S NAME: <u>PIETER</u>	PHONE: <u>0826676646</u>	CONTACT NAME: <u>CARLA</u>	PHONE: <u>011 23759004</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)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
<u>6</u>	<u>BOXES</u>	<u>POUNDS</u>	<u>46</u>	<u>46</u>	<u>51</u>		<u>85KG</u>

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT
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SENDER <u>[Signature]</u> SIGNATURE <u>PSSMITS</u> PRINT NAME <u>05/09/16 14:28</u> DATE TIME	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>[Signature]</u> PRINT NAME <u>05/09/16 14:28</u> DATE TIME	DELIVERED BY <u>[Signature]</u> PRINT NAME <u>07/09/2016</u> DATE TIME	RECIPIENT <u>[Signature]</u> SIGNATURE <u>MOSICO</u> PRINT NAME <u>07/09/16</u> DATE TIME	FOR OFFICE USE ONLY RATE CHARGE SURCHARGE DOCUMENT FEE VAT TOTAL
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**NELSPRUIT**  
**☎ (013) 758-2067**  
**FAX (013) 758-2088**

**EAST LONDON**  
☎ (043) 738 6077  
FAX (043) 738-1424

PLEASE USE BALLPOINT PEN AND PRESS HARD

DATE <u>05/09/16</u>		ORIGIN <u>BEN</u>	DEST. <u>JHR</u>	LINEHAUL VEHICLE	WAYBILL NO. <u>2775628</u>		
FOR ACCOUNT OF:				ACCOUNT NO.			
SENDER'S NAME AND ADDRESS <u>PSSMUTS</u> <u>12 CAPT. PROCTOR STREET</u> <u>BRANDWAG, BLOEMFONTEIN</u>			RECEIVERS NAME AND ADDRESS <u>PRIORITEX MITCON CHEMI</u> <u>392 ROAN CRESCENT</u> <u>CORPORATE PARK NORTH, MIDRAND</u>				
SENDER'S NAME: <u>PETER</u> PHONE: <u>0826676644</u>			CONTACT NAME: <u>CARLA</u> PHONE: <u>011 23259000</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
<u>6</u>	<u>BOXES</u>	<u>GOWNS</u>	<u>46</u>	<u>46</u>	<u>51</u>		<u>85KG</u>
SPECIAL INSTRUCTIONS:			CHARGEABLE WEIGHT				
SENDER <u>[Signature]</u> SIGNATURE: <u>PSSMUTS</u> PRINT NAME:		COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>[Signature]</u> PRINT NAME:		DELIVERED BY <u>[Signature]</u> PRINT NAME:		RECIPIENT <u>[Signature]</u> SIGNATURE: <u>PROGOSO</u> PRINT NAME:	
DATE: <u>05/09/16</u> TIME: <u>14:26</u>		DATE: <u>10/09/16</u> TIME: <u>11:20</u>		DATE: <u>08/09/16</u> TIME: <u>12:00</u>		DATE: <u>08/09/16</u> TIME: <u>12:05</u>	
						FOR OFFICE USE ONLY	
						RATE	
						CHARGE	
						SURCHARGE	
						DOCUMENT FEE	
						VAT	
						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.