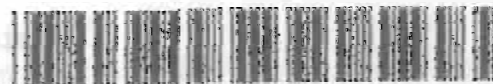




TAX INVOICE / WAYBILL



RSA Vert No. 4120147857
Reg. No. 94/09628/07
Mandate Vert No. 0025884-01-5
Reg. No. 68/1154/07
FP du TOIT
MEMBER OF THE INTRACOM GROUP
P.O. Box 1071, WINDHOCK, NAMIBIA

Windhoek: +254 61 294 5000/5100
Johannesburg: +27 11 575 8800
Cape Town: +27 21 946 4500
Email: j@xced@intracom.com.na
Web: www.intracom.com.na

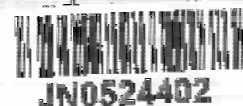
JX 978 545

ACCOUNTS P.O.D.

Acc. No. to be debited	Cash	Acc. No. to be debited	Cash
Sender	Tel	Receiver	Tel
Company	Company	Company	Company
Street	Street	Street	Street
City	Country	City	Country
Email	Email	Email	Email

<input type="checkbox"/> All Express <input type="checkbox"/> Basic <input type="checkbox"/> Full Express <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours	<input type="checkbox"/> Overnight Road <input type="checkbox"/> Basic <input type="checkbox"/> Full Express <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours	<input type="checkbox"/> Standard Day Road <input type="checkbox"/> Basic <input type="checkbox"/> Full Express <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours	<input type="checkbox"/> Domestic Road <input type="checkbox"/> Basic <input type="checkbox"/> Full Express <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours <input type="checkbox"/> SA-WEB 24 hours	Amount received by JET X N\$R SIGN	RECEIPT NO: Value of Goods N\$R	Conveyance at owner's risk unless requested. Packs done in terms of FP du Toit Transport practice. Claims must be logged within 7 days of delivery. (jetclaims@intracom.com.na) <input type="checkbox"/> Insurance at 2% YES N
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Qty	Description of Contents	Dimensions (L x H x W)	Act. Mass	Vol. Mass	Ch. Mass
2	BDV	60x40x40	4.1 kg		



Special Instructions:

Sender The sender warrants payment and is bound by conditions of trade. Name: AMOS/INY Signature: [Signature] Date: 02-11-2016 Cell No: 072 6211 719	Accepted by JET X Name: [Signature] Signature: [Signature] Date: 2-11-16 Time: 15:00	Received goods & CN1 in full and good order. Name: [Signature] Signature: [Signature] Date: [Signature] Time: [Signature] Cell No:	Carbon Insurance Delivery/Collection Fee Total Due N\$R
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Rate our service	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	