



Port Elizabeth
Unit 10, Aldo Business Park
Gate 2, Greenbushes Industrial Park
Old Cape Road, Greenbushes
Tel: +27 41 372 1193



EMIT 320028

ACCOUNT NUMBER	CLIENT REFERENCE	OFFICE REFERENCE	DATE
65555	655-656	655-656	



SENDER (Your Name)	TEL 021-881 7178	RECEIVER (Name)
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COMPANY (Name)	12 COMPANY 12 COMPANY 12	COMPANY (Name)	12 COMPANY 12 COMPANY 12
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STREET ADDRESS (Dept./Floor)	UNIT 5 HERON PARK OLIVE GROVE INDUSTRIAL PARK	STREET ADDRESS (Dept./Floor)	SHOP 100304 CLEARWATER RD
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BLD PAARDEVLIET ROAD	POSTAL CODE	CHRISTIAAN DE WET JOHANNESBURG	POSTAL CODE
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CITY	SUBURBAN	SUBURB	CITY	SUBURB
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NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
3	BOXES	46	46	52		78	
1	Box	46	46	27		3	
1	Box	50	48	34		19	
1	Box	39	36	45		16	
							COLLECTED BY:  SIGNATURE: 

TEST WEIGHT (OFFICE USE)		DATE: 01/08/18 TIME: 11:16
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SERVICES PLEASE SELECT SERVICE ✓ IN BOX

DOOR TO DOOR ECONOMY	<input type="checkbox"/>	DIRECT LOAD	<input type="checkbox"/>	AIR	<input type="checkbox"/>	SAME DAY	<input type="checkbox"/>	HAZARDOUS CARGO	<input type="checkbox"/>
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OFFICE USE ONLY	NAME	DATE	SIGN	OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)
CHECKED IN				SENDER'S SIGNATURE: <u>[Signature]</u> DATE <u>10-10-16</u>
CHECKED OUT	<u>[Signature]</u>	<u>10/10/16</u>	<u>[Signature]</u>	PRINT NAME: <u>MARCHALL</u> TIME _____
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION
CHECKED OUT				RECEIVER'S SIGNATURE: <u>[Signature]</u> DATE <u>12/10/2016</u>
				PRINT NAME: <u>SPHEI</u> TIME <u>14:45</u>

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES.
WE DRAW YOUR ATTENTION TO THE SUMMARISED VERSION OF OUR TERMS & CONDITIONS AS ACCEPTED BY YOU ON THE REVERSE OF OUR WAYBILL.
YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.

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