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EMIT 260775

ACCOUNT NUMBER MDV001		CLIENT REFERENCE Jennifer		OFFICE REFERENCE Jennifer		DATE 14/11/16	
SENDER (Your Name)		T062 885 0611		RECEIVER (Name) Jennifer		Tel: +27 21 951 1919	
COMPANY (Name) MOVE ANALYTICS				COMPANY (Name) Oyster Box Hotel		TEL 031-514 586	
STREET ADDRESS (Dept./Floor) PORTION 14 FARM 847				STREET ADDRESS (Dept./Floor) Umhlanga Rocks, Umhlanga			
HARTEBEESKRAAL		POSTAL CODE		Umhlanga		POSTAL CODE 4320	
CITY PAARL		SUBURB		CITY Umhlanga		SUBURB Pre-Alex for Wednes	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
1	PALLET (8 BOXES)	120	105	142		310	Y N
1	PALLET (14 BOXES)	120	105	150		700	INSURANCE VALUE
							SPECIAL INSTRUCTIONS
TEST WEIGHT (OFFICE USE)						COLLECTED BY: HARTLEY	
						SIGNATURE: TIOK DATE: 14/11/16 TIME: 17:2	
SERVICES PLEASE SELECT SERVICE <input checked="" type="checkbox"/> 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"/>							
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	Andy	14/11/16		SENDER'S SIGNATURE: DATE: 14/11/16			
CHECKED OUT	ETER	14.10/16		PRINT NAME: DATE: TIME:			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: DATE: 16/11/2016			
				PRINT NAME: TIME: 15:20			

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES
YOUR ATTENTION IS DRAWN TO THE TERMS & CONDITIONS OF CARRIAGE ON THE REVERSE OF THIS WAYBILL