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EMIT

1514836

ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
SENDER (Your Name) TIOU		RECEIVER (Name) ALUMBA ASPEN S.V.P		TEL (04) 407 2008			
COMPANY (Name) PROINTEX JHB		COMPANY (Name) ASPEN S.V.P					
STREET ADDRESS (Dept./Floor) 313 ROAN CRESCENT		STREET ADDRESS (Dept./Floor) 8 GIBAUD ROAD					
CITY MIDRAND		CITY KORSTEN		POSTAL CODE			
SUBURB		SUBURB					
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
07	BOXED	45	45	50		111 kg	
	DELNOTE- 55340-0						
	- 55056-5						
	07						
	BOXES						
TEST WEIGHT (OFFICE USE)							
SERVICES PLEASE SELECT SERVICE <input checked="" type="checkbox"/> IN BOX							
DOOR TO DOOR ECONOMY <input checked="" 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				CLIENT'S SIGNATURE: MEOT-E DATE: 25-01-2018			
CHECKED OUT	Ivan	26/01/18	[Signature]	PRINT NAME: TIOU TIME: 18:00			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				FILE OF FILES SIGNATURE: [Signature] DATE: 26/01/18			
				PRINT NAME: TIOU TIME: 			

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.