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EMIT

1496845

ACCOUNT NUMBER

CLIENT REFERENCE

OFFICE REFERENCE

DATE

SENDER (Your Name) <b>James</b>		TEL <b>011 237 5911</b>		RECEIVER (Name) <b>heneshan</b>		TEL <b>031 204 1360</b>	
COMPANY (Name) <b>PRIONTEX MICRONCLEAN</b>				COMPANY (Name) <b>Entabeni hospital</b>			
STREET ADDRESS (Dept./Floor) <b>313 ROAN CRESCENT OFF R101 OLD PRETORIA ROAD RANDJIESFONTEIN</b>				STREET ADDRESS (Dept./Floor) <b>PHARMACY/ SURGICAL STORES 148 NAZIGI KUNENE BEREA</b>			
CITY		SUBURB		CITY <b>DURBAN</b>		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
01	boxed	45	45	50	17		
	Del-SS915-0						
	01						
	1 box						
TEST WEIGHT (OFFICE USE)				COLLECTED BY: SIGNATURE <b>Nokwet</b> DATE <b>13/02/18</b> TIME:			

SERVICES PLEASE SELECT SERVICE / IN BOX

DOOR TO DOOR ECONOMY



DIRECT LOAD



AIR



SAME DAY



HAZARDOUS CARGO



OFFICE USE ONLY

NAME

DATE

SIGN

CHECKED IN

**Elias**

**14/02/18**

**ME**

CHECKED OUT

CHECKED IN

CHECKED OUT

OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)

SENDER'S SIGNATURE:

**James**

DATE

**14/02/18**

PRINT NAME:

**James**

TIME

**18h00**

PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION

RECEIVER'S SIGNATURE:

**King**

DATE

**15.02.18**

PRINT NAME:

**King**

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.

POD COPY

Linehaul SJ 011 474 1025 EMB01002 0717 200004