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EMIT 1514822

ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
SENDER (Your Name) 7704		TEL (011) 237 5900		RECEIVER (Name) SAMEUL		TEL (051) 404 6629	
COMPANY (Name) PROINTEX JHB		COMPANY (Name) MEDI-CLINIC TREATRE PHARMACY					
STREET ADDRESS (Dept./Floor) 313 ROAN CRESCENT		STREET ADDRESS (Dept./Floor) 40 PARFITT AVENUE					
OFF ROAD OLD PRETORIA ROADS		ICELNER STREET					
CITY RANDJIESFONTEIN		CITY Bloemfontein					
SUBURB		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		26kg	
DEL NOTE - 55671-0							
(01)							
BOX							
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	WISMAN	07/02/18		SENDER'S SIGNATURE: MEOTIE DATE 07-02-2018			
CHECKED OUT				PRINT NAME: TION TIME 18h00			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: WILSON DATE 09/02/18			
				PRINT NAME: WILSON TIME 11h13			

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.