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EMIT 287177

ACCOUNT NUMBER

CLIENT REFERENCE

OFFICE REFERENCE

DATE

792 / 790

792 / 790

SENDER (Your Name)		TEL	RECEIVER (Name)		Tel: +27 21 951 1919		TEL
COMPANY (Name)		COMPANY (Name)					
STREET ADDRESS (Dept./Floor)		STREET ADDRESS (Dept./Floor)					
POSTAL CODE		POSTAL CODE					
CITY		SUBURB		CITY		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
1	PALLET (16 BOXES)	87	125	22.6		32.4	Y N
							INSURANCE VALUE
							SPECIAL INSTRUCTIONS
							MICHAEL
							COLLECTED BY:
							SIGNATURE: [Signature]
							DATE: 01/03/16 TIME: 15:00
TEST WEIGHT (OFFICE USE)							

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"/>
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	Thes	01/03/16	[Signature]	SENDERS SIGNATURE: [Signature] DATE: 1.3.16					
CHECKED OUT	Andy	1/3/16	[Signature]	PRINT NAME: [Signature] TIME: [Signature]					
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION					
CHECKED OUT				RECEIVER'S SIGNATURE: [Signature] DATE: 04/03/2016					
				PRINT NAME: Alsha TIME: 10:28					

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