

FTD 977 MP

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EMIT 287138

ACCOUNT NUMBER NEW 001		CLIENT REFERENCE 474/75		OFFICE REFERENCE 474/75		DATE	
SENDER (Your Name)		TEL: +27 21 951 1919		RECEIVER (Name)		TEL: 031 865 8107	
COMPANY (Name)				COMPANY (Name)			
STREET ADDRESS (Dept./Floor)				STREET ADDRESS (Dept./Floor)			
CITY				SUBURB		CITY	
SUBURB				POSTAL CODE		POSTAL CODE	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
1	PALLET/14 BOXES 8/10/12	125	88	195		328	Y N
						INSURANCE VALUE	
						SPECIAL INSTRUCTIONS	
						COLLECTED BY:	
						SIGNATURE: [Signature]	
TEST WEIGHT (OFFICE USE) 1 PALLET						DATE: 5/3/16 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	Honey	04/03/16	[Signature]				
CHECKED OUT	Martin	4/3/16	[Signature]				
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: [Signature] DATE: 4-3-16							
PRINT NAME: MARTIN TIME:							
PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION							
RECEIVER'S SIGNATURE: [Signature] DATE: 07/03/2016							
PRINT NAME: RENEE TIME: 12:02							

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