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EMIT 1583023

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ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
SENDER (Your Name) TIOU		TEL (001) 237 5900		RECEIVER (Name) SAMEUL		TEL (001) 404 6625	
COMPANY (Name) PROINTEX JHB		COMPANY (Name) MEDI-CLINIC					
STREET ADDRESS (Dept/Floor) 313 ROAN CRESCENT		STREET ADDRESS (Dept/Floor) C/O PARFITT AVENUE					
MIDRAND		POSTAL CODE		KELNER STREET		POSTAL CODE	
CITY		SUBURB		CITY WESTDENGE		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME CM ³	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
03	BOXED	45	45	50	103407	52.0	
DEL. NOTE - 59528-0							
C3							
BOXES							
GOODS NOT COLLECTED							
COLLECTED BY: SIGNATURE [Signature]							
DATE: 15-06-2018 TIME: 16:00							
TEST WEIGHT (OFFICE USE)							
SERVICES PLEASE SELECT SERVICE / IN BOX							
DOOR TO DOOR ECONOMY <input checked="" type="checkbox"/>		DIRECT LOAD <input type="checkbox"/>		NR <input type="checkbox"/>		SAME DAY <input type="checkbox"/>	
HAZARDOUS CARGO <input type="checkbox"/>							
OFFICE USE ONLY	NAME	DATE	PHONE	SIGNATURE			
CHECKED IN	[Signature]	15/06/18	[Signature]	MESOTE 15-06-2018			
CHECKED OUT				TIOU 18:00			
DISPATCHED BY				[Signature]			
DISPATCHED OUT				[Signature]			

POD COPY

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DISPATCH 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
 AND ADVISE YOU THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.