

**Port Elizabeth**  
Unit 10, Aldo Business Park  
Gate 2, Greenbushes Industrial Park  
Old Cape Road, Greenbushes  
Tel: +27 41 372 1193



EMIT 325470

ACCOUNT NUMBER	CLIENT REFERENCE	OFFICE REFERENCE	DATE
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SENDER (Your Name) <b>NGELE MIZINGA</b>		TEL <b>011 2378900</b>		RECEIVER (Name) <b>TB / HIV care association</b>	
COMPANY (Name) <b>Prioritex Midrandeare Gauteng</b>				COMPANY (Name)	
STREET ADDRESS <b>407 Roan Crescent</b> (Dept./Floor) <b>Corporate Park North</b>				STREET ADDRESS <b>25 St George's road</b> (Dept./Floor) <b>Abasa House 8th floor</b>	
<b>Randjespark est 121</b>		POSTAL CODE		<b>CAPE TOWN</b> POSTAL CODE <b>8001</b>	
CITY <b>JHB</b>		SUBURB <b>Midrand</b>		CITY <b>CPT</b> SUBURB <b>CPT</b>	

[illegible]

TEST WEIGHT (OFFICE USE)		499KG	DATE: 7/2/21 TIME: 11:00
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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				SENDER'S SIGNATURE: <u>[Signature]</u> DATE <u>13/09/16</u>					
CHECKED OUT				PRINT NAME: <u>[Signature]</u> TIME _____					
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION					
CHECKED OUT	MICHAEL	13/09/16	[Signature]	RECEIVER'S SIGNATURE: <u>[Signature]</u> DATE <u>15/09/2016</u>					
				PRINT NAME: <u>Buletina</u> TIME <u>08:45</u>					

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.