



VAT REG. NO. 4510265798
REG. NO. 2011/010443/07

File No.	Origin	Date	Destination
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Shipper's Account Number		Shipper's Reference Number		To: (Recipients Name) Hester		Their Phone Number: 021-5310820	
Shipper: (Your Name): Samantha		Your Phone Number: 031-7003008		Company Name: Gabler Medical			
Company Name: Gammer International		Street Address: (PO Boxes are not deliverable) - Dept/Floor: 22-24 INTL CIRCLE BOX					
Street Address: (Dept/Floor) No 30 Suzuka Rd		Viking DELIVERIES					
City: Westerwood		Postal Code: 3610		City: Thornton		Postal Code:	
Country: SA		Country: SA					

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

INTERNATIONAL - BUDGET FREIGHT SERVICES (ONLY FOR THE FOLLOWING DESTINATIONS)				Customs Value		Insurance Value	
BOTSWANA	<input type="checkbox"/>	LESOTHO	<input type="checkbox"/>	SWAZILAND	<input type="checkbox"/>	MOZAMBIQUE	<input type="checkbox"/>
				DOMESTIC SERVICES			
INTERNATIONAL SERVICES				DOMESTIC SERVICES			
COURIER DOCUMENT EXPRESS		REMAIL		OVERNIGHT EXPRESS BY 10H30		BUDGET CARGO <input checked="" type="checkbox"/>	
COURIER PARCEL EXPRESS		AIRFREIGHT		OVERNIGHT BY 13H00		SAME DAY EXPRESS <input type="checkbox"/>	

NO. OF PKGS	DESCRIPTION OF PACKAGING AND CONTENTS	DIMENSIONS (CENTIMETRES)			VOL WEIGHT Kg's	ACTUAL WEIGHT Kg's	FREIGHT CHARGE	FUEL SURCHARGE	OTHER	INSURANCE	SAME DAY SURCHARGE	TOTAL EXCL. VAT	VAT
		LENGTH	BREATH	HEIGHT									
11	BOXES	50	36	34		96kg							

HAZARDOUS CARGO? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SATURDAY DELIVERY FOR DOMESTIC SERVICES ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSURANCE REQUIRED ABOVE R1000? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DELIVERY BY 8:30 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOTAL INCL. VAT R
WE HAVE SEEN AND AGREED TO THE STANDARD CONDITIONS OF CARRIAGE OF SKYNET WORLDWIDE EXPRESS		RECEIVED BY IN GOOD ORDER AND CONDITION		PARCEL STICKERS
SIGNATURE: [Signature]		CONSIGNEE SIGNATURE: [Signature]		
PRINT NAME: [Name]		PRINT NAME: [Name]		
DATE: [Date]		DATE: [Date] TIME: [Time]		

P.O.D. - DEST. COPY

"UNLESS INDICATED ON THE FACE HEREOF, SKYNET WORLDWIDE EXPRESS RESERVES THE RIGHT TO DISPATCH AND CHARGE AT THE PUBLISHED DOMESTIC BUDGET CARGO TARIFF"

PLEASE COMPLETE ALL SHADED AREAS AS INDICATED IN RED