



Destination

Shipper's Account Number J17989		Shipper's Reference Number		To (Recipient's Name) STORES		Their Phone Number 0115555160	
Shipper (Your Name) WENZAM MOTTRELL		Your Phone Number 083 607 0365		Company Name ATM SOLUTIONS			
Company Name ATM SOLUTIONS		Street Address (PO Boxes are not deliverable) Dept/Floor. 71 DELPHI STREET, EXT 18, EASTCOTE					
Street Address (Dept/Floor) 45 ROSSAU MAN, OOSTERVILLE							
City UPINGTON		Postal Code		City SANDTON (JHB)		Postal Code	
Country ZA				Country ZA			

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"/>		NAMIBIA <input checked="" type="checkbox"/>	
INTERNATIONAL SERVICES					DOMESTIC SERVICES				
<input type="checkbox"/> COURIER DOCUMENT EXPRESS		<input type="checkbox"/> REMAIL		<input type="checkbox"/> OVERNIGHT EXPRESS BY 10H30			<input type="checkbox"/> BUDGET CARGO		
<input type="checkbox"/> COURIER PARCEL EXPRESS		<input type="checkbox"/> AIRFREIGHT		<input type="checkbox"/> OVERNIGHT BY 13H00			<input checked="" type="checkbox"/> SAME DAY EXPRESS		
NO. OF PKGS	DESCRIPTION OF PACKAGING AND CONTENTS				DIMENSIONS (CENTIMETRES)			VOL WEIGHT Kg's	ACTUAL WEIGHT Kg's
	LENGTH	BREATH	HEIGHT						
10	Box of Smales				80	60	66	50	
HAZARDOUS CARGO? <div style="display: flex; justify-content: space-around;"><span>YES <input type="checkbox"/></span><span>NO <input type="checkbox"/></span></div>		SATURDAY DELIVERY FOR DOMESTIC SERVICES ONLY <div style="display: flex; justify-content: space-around;"><span>YES <input type="checkbox"/></span><span>NO <input type="checkbox"/></span></div>		INSURANCE REQUIRED ABOVE R1000? <div style="display: flex; justify-content: space-around;"><span>YES <input type="checkbox"/></span><span>NO <input type="checkbox"/></span></div>		DELIVERY BY 8 30 <div style="display: flex; justify-content: space-around;"><span>YES <input type="checkbox"/></span><span>NO <input type="checkbox"/></span></div>		TOTAL INCL VAT     R	
WE HAVE SEEN AND AGREED TO THE STANDARD CONDITIONS OF CARRIAGE OF SKYNET WORLDWIDE EXPRESS. SIGNATURE _____ PRINT NAME <u>wcman</u>		RECEIVED BY SKYNET WORLDWIDE EXPRESS SIGNATURE <u>C. Ookey</u> DATE <u>01/02/19</u> TIME		RECEIVED BY IN GOOD ORDER AND CONDITION CONSIGNEE SIGNATURE _____ PRINT NAME _____ DATE <u>01/02/19</u> TIME <u>10:32</u>		PARCEL STICKERS			

**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