

WAYBILL: 069908134306

RECEIVED: geogies

EXPRESS
TIMESTAMP: 26-07-2017 16:33



SHIPMENT OFFICE
P.O. BOX 8807
EDENGLLEN 1613
SOUTH AFRICA
TEL: (011) 586-1000
FAX: (011) 586-1272

Origin	Date	Destination
Shipper's Reference Number	To: (Recipients Name)	
Your Phone Number	Their Phone Number	
Company Name	Street Address: (P.O. Boxes are not deliverable) Dept/Floor	
City	Postal Code	
Country	SA	

MANTSHA
083 6000045
TSHIOZWI VILLAGE
0938
KALVIN KANDTOW

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

BUDGET FREIGHT SERVICES (ONLY FOR THE FOLLOWING DESTINATIONS)

ESOTHO ☐ SWAZILAND ☐ MOZAMBIQUE ☐ NAMIBIA ☐

Customs Value

Insurance Value

INTERNATIONAL SERVICES

DOMESTIC SERVICES

EXPRESS ☐ REMAIL ☐
AIRFREIGHT ☐

OVERNIGHT EXPRESS BY 10H30

BUDGET CARGO

OVERNIGHT BY 13H00

SAME DAY EXPRESS

DESCRIPTION OF PACKING AND CONTENTS

DIMENSIONS (CENTIMETRES)
LENGTH BREATH HEIGHT

VOL. WEIGHT
Kg's

ACTUAL WEIGHT
Kg's

FREIGHT CHARGE

FUEL SURCHARGE

OTHER

INSURANCE

SAME DAY SURCHARGE

TOTAL EXCL. VAT

VAT

TOTAL INCL. VAT R

SATURDAY DELIVERY
FOR DOMESTIC
SERVICES ONLY

YES

NO

INSURANCE REQUIRED
ABOVE R1000?

YES

NO

DELIVERY
BY 8:30

YES

NO

RECEIVED BY
SKYNET WORLDWIDE EXPRESS
SIGNATURE

RECEIVED IN GOOD ORDER AND CONDITION

CONSIGNEE
SIGNATURE
PRINT NAME

DATE 26/7/17 TIME 12:00

PARCEL STICKERS

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

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File No. _____
TIMESTAMP: 26-07-2017 Date 16:33 Destination _____

Shipper's Reference Number		To: (Recipients Name)		Their Phone Number:	
Your Phone Number		Company Name:			
Street Address: (P.O. Boxes are not deliverable) Dept/Floor					
City:				Postal Code:	
Country:					

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

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

DESCRIPTION OF PACKING AND CONTENTS	DIMENSIONS (CENTIMETRES)			VOL. WEIGHT Kg's	ACTUAL WEIGHT Kg's			
	LENGTH	BREATH	HEIGHT					
Steel Rebars	136	136	168	40	40	FREIGHT CHARGE		
						FUEL SURCHARGE		
						OTHER		
						INSURANCE		
						SAME DAY SURCHARGE		
						TOTAL EXCL. VAT		
						VAT		
VERY	YES <input type="checkbox"/> NO <input type="checkbox"/>	INSURANCE REQUIRED ABOVE R1000? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	DELIVERY BY 8:30 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL INCL. VAT R				

RECEIVED IN GOOD ORDER AND CONDITION
CONSIGNEE SIGNATURE *George*
PRINT NAME George
DATE 26/7/17 TIME 12:00

PARCEL STICKERS

