

WAYBILL: 029908383671

RECEIVED: Siphakazi

TIMESTAMP: 30-08-2019 13:37

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TIMESTAMP: 30-08-2019 13:37

DAY HOSPITAL PHARMACY
QUENEER APTS.
BAY, EAST LONDON
TEL: 043 711 5110
FAX: 043 711 5117

ANCE REQUIRED
R1000?

YES

NO

DELIVERY
BY 8:30

YES

RECEIVED BY IN GOOD ORDER AND CONDITION

CONSIGNEE
SIGNATURE

S. RAUFUZA

PRINT NAME

SIPHOKAZI

DATE

30/8/19

TIME

12H12E

PA

THE FACE HEREOF, SKYNET WORLDWIDE EXPRESS RESERVES THE RIGHT TO



VAT REG NO 4510265798
REG NO 2011/010443/07

File No	Origin DUR	Date 29/08/19	Destination
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Shipper's Account Number J17900		Shipper's Reference Number		To (Recipients Name) SHEKIN INTERS		Their Phone Number 090 711 2100	
Shipper (Your Name) GUGJE ABRI		Your Phone Number 031 500 2365		Company Name BEACON BAY HOSPITAL			
Company Name B & L STERIPACK				Street Address (PO Boxes are not deliverable) Dept/Floor 52 QUEENERS DRIVE			
Street Address (Dept/Floor) 30 MARSHALL DRIVE				City BEACON BAY			
City MOUNT EDGECOMBE		Postal Code 4302		City BEACON BAY		Postal Code 5205	
Country				Country SA			

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

INTERNATIONAL - BUDGET FREIGHT SERVICES (ONLY FOR THE FOLLOWING DESTINATIONS)

BOTSWANA ☐ LESOTHO ☐ SWAZILAND ☐ MOZAMBIQUE ☐ NAMIBIA ☐

Customs Value

Insurance Value

INTERNATIONAL SERVICES

DOMESTIC SERVICES

COURIER DOCUMENT EXPRESS <input type="checkbox"/>	REMAIL <input type="checkbox"/>	OVERNIGHT EXPRESS BY 10H30 <input checked="" type="checkbox"/>	BUDGET CARGO <input type="checkbox"/>
COURIER PARCEL EXPRESS <input type="checkbox"/>	AIRFREIGHT <input type="checkbox"/>	OVERNIGHT BY 13H00 <input type="checkbox"/>	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									
3	BOXES	450	450	500	579								

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
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WE HAVE SEEN AND AGREED TO THE STANDARD CONDITIONS OF CARRIAGE OF SKYNET WORLDWIDE EXPRESS

SIGNATURE **SKYNET**
PRINT NAME **SKYNET**

RECEIVED BY SKYNET WORLDWIDE EXPRESS

SIGNATURE **SKYNET**

DATE **29/08/19** TIME **14:00**

RECEIVED BY IN GOOD ORDER AND CONDITION

CONSIGNEE SIGNATURE **S. RAUFUZA**

PRINT NAME **SIPHOKAZI**

DATE **30/08/19** TIME **00:12:58**

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

PLEASE COMPLETE ALL SHADED AREAS AS INDICATED IN RED