

SKYNET SABS 
SOUTH AFRICA (Pty) Ltd

1000 077 01
PO BOX 3507
PRETORIA, J.V. 1613
SOUTH AFRICA
TEL: (011) 883 1000
FAX: (011) 839 1277

009939592597


00993959259

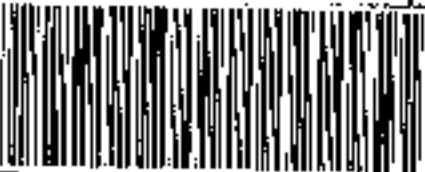
WATPES NO. 4510286706
455 NU 201/21041307

From: _____ Weight: _____ Sex: _____ Destination: _____

Shipper's Account Number 317592		Shipper's Reference Number		To: (Posters Name) CHRIS OTTE		To: (Phone Number) 011 41082	
Shipper's Name MARCELLE GORDON		No. Marks/Units 0217971878		Company Name BUSINESS MAIL EXPRESS (Pty)		Street Address (PO Box - optional) (Post Office) 4 DE WATERSIDE DRIVE, BOX 1012, SANDTON	
Company Name PRINTEX		Street Address (PO Box - optional) (Post Office) 35 LESTER ROAD		City WYNBERG		Post Code 2084	
Street Address (PO Box - optional) (Post Office) 35 LESTER ROAD		City WYNBERG		Post Code 2084		Country SA	

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

INTERNATIONAL SERVICES					DOMESTIC SERVICES		
<input type="checkbox"/> BOTTLE	<input type="checkbox"/> LGSD 10	<input type="checkbox"/> SWAGLAND	<input type="checkbox"/> ANGIOVASC	<input type="checkbox"/> HAWIBA	CARTON VALUE		INSURANCE VALUE
<input type="checkbox"/> GROUND LOGGMENT SERVICE <input type="checkbox"/> GROUND FACILITY SERVICE					<input checked="" type="checkbox"/> AIRMAIL EXPRESS BY 11:00 <input type="checkbox"/> AIRMAIL BY 13:00		<input type="checkbox"/> FUNDIT 04:00 <input type="checkbox"/> SAME DAY EXPRESS

NO. OF PARCELS	DESCRIPTION OF PARCELS AND CONTENTS	DIMENSIONS (COMBINED)			NO. WEIGHT KG	ACTUAL WEIGHT KG	HEAVY DUTY	INSURANCE	SPECIAL SERVICE	TOTAL EXCL. VAT	VAT
		LENGTH	WIDTH	HEIGHT							
1	Goods	23	23	5		16					
 *009939592597*											

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 FROM 100%? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	T. VERY 3Y R. 20? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOTAL INCL. VAT? R
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TO: (NAME AND ADDRESS OF THE STATION) (NAME OF CONTACT OR COMPANY) (ADDRESS)
 FROM: (NAME AND ADDRESS OF THE STATION) (NAME OF CONTACT OR COMPANY) (ADDRESS)
 DATE: 10/10/19 10:30
 SIGNATURE: *Chris Otte*
PARCEL STICKERS

PLEASE COMPLETE ALL SHIPPED AREAS IN PENCIL OR IN RED

P.O.D. - DEST. COPY

UNLESS INDICATED OTHERWISE, ALL INFORMATION IS SUBJECT TO THE TERMS AND CONDITIONS OF THE SKYNET SERVICE AGREEMENT