



009935987683

A DIVISION OF
CROSSROADS DISTRIBUTION (PTY) LTD
VAT REG NO 4510265798
REG NO 2011/010443/07

File No	Origin	Date	Destination
	JHR	21/11/11	MBA/RGN

Shipper's Account Number J17989	Shipper's Reference Number STORES	To (Recipient's Name) MAHMOOD	Their Phone Number 083 507 8055
Shipper (Your Name) DEBRA/EMILE	Your Phone Number	Company Name ATM SOLUTIONS CAPE TOWN	
Company Name ATM SOLUTIONS	Street Address (P.O. Boxes are not deliverable) Dept/Floor 11 WAVERLEY BUSINESS PARK		
Street Address (Dept/Floor) 7 DELPHIE STREET	WYCHESTER ROAD		
City SANDTON	Postal Code 2196	City MOWBRAY	Postal Code 7700
Country	Country		

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

COURIER DOCUMENT EXPRESS	REMAIL
COURIER PARCEL EXPRESS	AIRFREIGHT

DOMESTIC SERVICES

OVERNIGHT EXPRESS BY 10H30	BUDGET CARGO
OVERNIGHT BY 13H00	<input checked="" type="checkbox"/> SAME DAY EXPRESS

NO. OF PKGS	DESCRIPTION OF PACKING AND CONTENTS	DIMENSIONS (CENTIMETRES)			VOL WEIGHT Kg's	ACTUAL WEIGHT Kg's	FREIGHT CHARGE		
		LENGTH	BREATH	HEIGHT					
1	BOX OF STOCKS	79	57	88					
							FUEL SURCHARGE		
							OT+FR		
							INSURANCE		
							SAME DAY SURCHARGE		
							TOTAL EXCL VAT		
							VAT		

HAZARDOUS CARGO? <input type="checkbox"/> YES <input type="checkbox"/> NO	SATURDAY DELIVERY FOR DOMESTIC SERVICES ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	INSURANCE REQUIRED ABOVE R1000? <input type="checkbox"/> YES <input type="checkbox"/> NO	DELIVERY BY 8 30 <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL INCL VAT R
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WE HAVE SEEN AND AGREE TO THE STANDARD CONDITIONS OF CARRIAGE OF SKYNET WORLDWIDE EXPRESS

SIGNATURE: *[Signature]*
PRINT NAME: **DEBRA F**

RECEIVED BY SKYNET WORLDWIDE EXPRESS

SIGNATURE: *[Signature]*

DATE: **21/11/11** TIME: **11:11**

RECEIVED IN GOOD ORDER AND CONDITION

CONSIGNEE SIGNATURE: *[Signature]*

PRINT NAME: **MATASHA**

DATE: **21/11/11** TIME: **11:11**

PARCEL STICKERS

P.O.D. - DEST COPY

PLEASE COMPLETE ALL SHADED AREAS AS INDICATED IN RED