

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

P.O. BOX 8876, EDENGLLEN 1610
www.cargoworks.co.za

JOHANNESBURG
☎ (011) 873-1212
FAX (011) 873-0715

CAPE TOWN
☎ (021) 934-8040
FAX (021) 934-8030

DURBAN
☎ (031) 702-02
FAX (031) 702-62

PORT ELIZABETH
☎ (041) 486-1092
FAX (041) 486-1096

NELSPRUIT
☎ (013) 758-2067
FAX (013) 758-2068

EAST LONDO
☎ (043) 736-60
FAX (043) 736-14

PROOF OF DELIVERY

DATE	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO. 3195946
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FOR ACCOUNT OF: Novel Analytics Pioneer 111B ACCOUNT NO.

SENDER'S NAME AND ADDRESS <u>Boemed Medical</u>		RECEIVER'S NAME AND ADDRESS <u>Pioneer Corporate Park North</u>	
<u>9 Stigman Street</u>		<u>33 Roan Crescent E1493</u>	
<u>Universitas Bloemfontein</u>		<u>Old Pretoria Road</u>	
SENDER'S NAME: <u>Chay</u>	PHONE: <u>0515227955</u>	CONTACT NAME: <u>Calla</u>	PHONE: <u>011 2375900</u>

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
10	Boxes	Medical goods	54	54	50		130 kg

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

SENDER SIGNATURE: PRINT NAME: DATE: TIME:	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>nel</u> PRINT NAME: DATE: TIME: <u>05/10/18 14:37</u>	DELIVERED BY <u>Brean</u> PRINT NAME: DATE: TIME: <u>10/10/18 11:10</u>	RECIPIENT SIGNATURE: PRINT NAME: DATE: TIME: <u>10/10/2018</u>	FOR OFFICE USE ONLY			
				RATE	CHARGE	SURCHARGE	DOCUMENT FEE

By your signature, you confirm that you have read the Conditions of Consignment on the back of this document and that you agree to be bound by all the Conditions.

PLEASE USE BALLPOINT PEN AND PRESS HARD