

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) 702-0252
FAX (031) 702-6218

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

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

EAST LONDON
☎ (043) 736 6077
FAX (043) 736-1424

PROOF OF DELIVERY

DATE 15/05/19	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO. 3299967
FOR ACCOUNT OF: (POSTAL ADDRESS) Mare Analytics Private JHB			ACCOUNT NO.	
SENDER'S NAME AND ADDRESS BLOEMED MEDICAL SUPPLIERS & SERVICES 9 STEGMAN STREET UNIVERSITAS BLOEMFONTEIN			RECEIVERS NAME AND ADDRESS Phonex Corporate Park North 313 Reen Gesoni Eif 192 04 Pieloria Road Bantfontein CONTACT NAME: Calda PHONE: 011 237 9900	
SENDER'S NAME: Cheryl			PHONE: 051 522 1955	
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		
13	Boxes	Medical goods	54	54	50		150kg

SPECIAL INSTRUCTIONS:

CHARGEABLE
WEIGHT

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT	FOR OFFICE USE ONLY			
SIGNATURE: Cheryl PRINT NAME: 15/05/19 DATE: TIME:	Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: ALFRED PRINT NAME: 15/05/19 14:50 DATE: TIME:	SIGNATURE: BRIAN PRINT NAME: 17/05/19 DATE: TIME: 10:38	SIGNATURE: Mlouen PRINT NAME: 17/05/19 10:38 DATE: TIME:	RATE			
				CHARGE			
				SURCHARGE			
				DOCUMENT FEE			
				V.A.T			
				TOTAL			

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