



CO. REG. No. 2012/075135/07

VAT REG. NO. 4430138780

P.O. BOX 8878, 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) 452-7820
FAX (041) 452-7845

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

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

PROOF OF DELIVERY

| | | | | |
|------------------------|-------------------|-------|------------------|----------------------------|
| DATE <u>20/06/2016</u> | ORIGIN <u>JHB</u> | DEST. | LINEHAUL VEHICLE | WAYBILL NO. <u>2606882</u> |
|------------------------|-------------------|-------|------------------|----------------------------|

| | |
|-------------------------------------|-------------|
| FOR ACCOUNT OF: (POSTAL ADDRESS) | ACCOUNT NO. |
|-------------------------------------|-------------|

| | | | |
|---|--|---|--|
| SENDER'S NAME AND ADDRESS <u>Phantec</u> | | RECEIVERS NAME AND ADDRESS <u>CHAPS Randburg</u> | |
| <u>313 Roan Crescent, C/F, 493</u> | | <u>Spesburg and HOMESTEAD</u> | |
| <u>Randespark ext 121 off R101</u> | | <u>KAYA SAND</u> | |
| SENDER'S NAME: <u>NGELE</u> | | CONTACT NAME: <u>GAPH PATERI</u> | |
| PHONE: <u>011 237 5900</u> | | PHONE: <u>011 493 0505</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 | | |
| <u>200</u> | <u>boxes</u> | <u>MC KITS</u> | <u>40</u> | <u>40</u> | <u>55</u> | | <u>3400kg</u> |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | |
|-----------------------|-------------------|
| SPECIAL INSTRUCTIONS: | CHARGEABLE WEIGHT |
|-----------------------|-------------------|

| | | | | |
|---|---|--|---|--|
| SENDER <u>NGELE</u> SIGNATURE: <u>NGELE</u> PRINT NAME: <u>NGELE</u> DATE: <u>20-06/16</u> TIME: | COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Wellington</u> PRINT NAME: <u>Wellington</u> DATE: <u>20/06/2016</u> TIME: | DELIVERED BY <u>Wellington</u> PRINT NAME: <u>Wellington</u> DATE: <u>20/06/2016</u> TIME: <u>13H18</u> | RECIPIENT <u>MAREKA</u> SIGNATURE: <u>MAREKA</u> PRINT NAME: <u>MAREKA</u> DATE: <u>20/06/16</u> TIME: | FOR OFFICE USE ONLY RATE CHARGE SURCHARGE DOCUMENT FEE V.A.T TOTAL |
|---|---|--|---|--|

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

PLEASE USE BALLPOINT PEN AND PRESS HARD