

# CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430136760

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☎ (021) 934-8040  
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☎ (031) 702-0252  
FAX (031) 702-6218

PORT ELIZABETH  
☎ (041) 486-1092  
FAX (041) 486-1086

NELSPRUIT  
☎ (013) 758-2087  
FAX (013) 758-2088

EAST LONDON  
☎ (043) 736 8077  
FAX (043) 736-1424

## PROOF OF DELIVERY

DATE <u>4/7/16</u>	ORIGIN <u>CR</u>	DEST. <u>JHB</u>	LINEHAUL VEHICLE	WAYBILL NO. <u>2952383</u>
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDERS NAME AND ADDRESS <u>N.S.F.</u>		RECEIVERS NAME AND ADDRESS <u>ARM SOLUTIONS</u>	
SENDERS NAME:		CONTACT NAME:	
PHONE:		PHONE:	

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		
1	<u>Arm</u>		87	68	154		356
1	<u>DOOR</u>		94	43	13		90

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT <u>446</u>
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<b>SENDER</b>  SIGNATURE: <u>KJ</u> PRINT NAME: <u>4/7/16</u> DATE: TIME:	<b>COLLECTED BY</b> Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  PRINT NAME: <u>4/7/16</u> DATE: TIME:	<b>DELIVERED BY</b>  PRINT NAME: <u>11/07/16 12H15</u> DATE: TIME:	<b>RECIPIENT</b>  SIGNATURE: <u>William</u> PRINT NAME: <u>11/07/16 1411</u> DATE: TIME:	<b>FOR OFFICE USE ONLY</b> <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>VAT</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				VAT				TOTAL			
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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