

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

JOHANNESBURG

☎ (011) 873-1212

FAX (011) 873-0716

CAPE TOWN

☎ (021) 934-8040

FAX (021) 934-8030

DURBAN

☎ (031) 702-025

FAX (031) 702-621

PORT ELIZABETH

☎ (041) 488-1092

FAX (041) 488-1096

NELSPRUIT

☎ (013) 758-2067

FAX (013) 758-2068

EAST LONDON

☎ (043) 736 807

FAX (043) 736-142

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

PROOF OF DELIVERY

DATE <u>12/11/16</u>	ORIGIN <u>JHB</u>	DEST. <u>JHB</u>	LINEHAUL VEHICLE	WAYBILL NO. <u>2000052</u>
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS <u>Large ENTANGENI Hospital</u>		RECEIVERS NAME AND ADDRESS <u>Printerex JHB</u>	
<u>140 South Rhodes</u>		<u>Printerex JHB</u>	
<u>Beaconsfield</u>		POSTAL CODE:	
SENDER'S NAME:	PHONE:	CONTACT NAME:	PHONE:
<u>Printerex</u>	<u>011 488 1092</u>	<u>Printerex</u>	<u>011 488 1092</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		
1	Box	Sealed goods	46	38	26		

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

12 kg

SENDER Signature: <u>[Signature]</u> PRINT NAME: <u>Printerex</u> DATE: <u>12/11/16</u> TIME: <u>1:00</u>	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature: <u>[Signature]</u> PRINT NAME: <u>T. Dube</u> DATE: <u>13/09/16</u> TIME: <u> </u>	DELIVERED BY Signature: <u>[Signature]</u> PRINT NAME: <u>Maxwell</u> DATE: <u>14/09/16</u> TIME: <u>14:00</u>	RECIPIENT Signature: <u>[Signature]</u> PRINT NAME: <u>Printerex</u> DATE: <u>14/09/16</u> TIME: <u> </u>	FOR OFFICE USE ONLY
				RATE
				CHARGE
				SURCHARGE
				DOCUMENT FEE
				VAT
				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