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EMIT 287226

ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
		DEC 2016 order		Dec 2016 order		31/11/16	
SENDER (Your Name) <i>Helena</i>		RECEIVER (Name) <i>Marlese</i>		TEL <i>028-312 4976</i>			
COMPANY (Name)		COMPANY (Name) <i>Goozi</i>					
STREET ADDRESS (Dept./Floor)		STREET ADDRESS (Dept./Floor) <i>11 Mitchell Street</i>					
POSTAL CODE		<i>Hermanus</i>		POSTAL CODE <i>7200</i>			
CITY		SUBURB		CITY <i>Hermanus</i>		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	INSURANCE TAKEN
<i>1</i>	<i>Pallet (40 Boxes)</i>	<i>120</i>	<i>105</i>	<i>207</i>		<i>497</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
						INSURANCE VALUE	
						SPECIAL INSTRUCTIONS	
						COLLECTED BY:	
						SIGNATURE: <i>[Signature]</i>	
TEST WEIGHT (OFFICE USE) <i>1 pallet</i>						DATE: <i>3.11.16</i> TIME:	
SERVICES PLEASE SELECT SERVICE <input checked="" type="checkbox"/> IN BOX							
DOOR TO DOOR ECONOMY <input type="checkbox"/>		DIRECT LOAD <input type="checkbox"/>		AIR <input type="checkbox"/>		SAME DAY <input type="checkbox"/>	
						HAZARDOUS CARGO <input type="checkbox"/>	
OFFICE USE ONLY	NAME	DATE	SIGN	OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)			
CHECKED IN	<i>LAST</i>	<i>03-11-16</i>	<i>[Signature]</i>	SENDERS SIGNATURE: <i>[Signature]</i> DATE: <i>3.11.16</i>			
CHECKED OUT				PRINT NAME: <i>MARCHALL</i> TIME:			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: <i>[Signature]</i> DATE: <i>4.11.2016</i>			
				PRINT NAME: <i>[Signature]</i> TIME: <i>13:58</i>			

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES
YOUR ATTENTION IS DRAWN TO THE TERMS & CONDITIONS OF CARRIAGE ON THE REVERSE OF THIS WAYBILL

FOUR COPY

Uniprint F 031 560 2300 07/2013