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EMIT 321902

ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
SENDER (Your Name)		TEL.		RECEIVER (Name)			
COMPANY (Name)		COMPANY (Name)		STREET ADDRESS (Dept./Floor)		POSTAL CODE	
CITY		SUBURB		CITY		SUBURB	
NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
2	Boxes	48	36	42		34	
2	Boxes	62	42	38		49	
3	Boxes	46	46	52		41	
1	Box	50	28	40		4	
TEST WEIGHT (OFFICE USE)						369kg	COLLECTED BY: SIGNATURE: [Signature] DATE: 1/11/16 TIME:
SERVICES PLEASE SELECT SERVICE / IN BOX							
DOOR TO DOOR ECONOMY		DIRECT LOAD		AIR		SAME DAY	
HAZARDOUS CARGO							
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	Louis	01/11/16	[Signature]	SENDERS SIGNATURE: [Signature] DATE: 1-11-16			
CHECKED OUT	Jay	1/11/16	[Signature]	PRINT NAME: FRANGU TIME:			
CHECKED IN				PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION			
CHECKED OUT				RECEIVER'S SIGNATURE: TAM DATE: 03-11-16			
				PRINT NAME: TSINOLO TIME: 12:20			

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES.
WE DRAW YOUR ATTENTION TO THE SUMMARISED VERSION OF OUR TERMS & CONDITIONS AS ACCEPTED BY YOU ON THE REVERSE OF OUR WAYBILL.
YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER.

POBERRY