

WE DRAW YOUR ATTENTION TO THE SUMMARISED VERSION OF OUR TERMS & CONDITIONS AS ACCEPTED BY YOU ON THE REVERSE OF OUR WAYBILL.

SENDER (Your Name) STHUMBERG		RECEIVER (Name) OSI SOS 5434		ACCOUNT NUMBER		CLIENT REFERENCE		OFFICE REFERENCE		DATE	
COMPANY (Name) Prioriter Health CARE		COMPANY (Name) Ute Rosepark Hospital		STREET ADDRESS (Dept./Floor) 313 Room CUS, MIDLAND		STREET ADDRESS (Dept./Floor) 57 CUSTAN (CRIS)		POSTAL CODE Corporate Park North		CITY MIDLAND	
NO OF PACKAGES		DESCRIPTION OF PACKAGE		LENGTH CM		WIDTH CM		HEIGHT CM		VOLUME WEIGHT KG	
2		Boxed		45		45		50		ACTUAL WEIGHT	
SPECIAL INSTRUCTIONS											
TEST WEIGHT (OFFICE USE)		SERVICES PLEASE SELECT SERVICE / IN BOX									
DOOR TO DOOR ECONOMY <input checked="" 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 STHUMBERG		DATE 09/02/18		SIGN [Signature]		OUR SIGNATURE ACTIONS EDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIER (SEE REVERSE)		SENDERS SIGNATURE [Signature]	
CHECKED IN		CHECKED OUT		CHECKED IN		CHECKED OUT		RECEIVER'S SIGNATURE [Signature]		DATE 09/02/18	
CHECKED IN		CHECKED OUT		CHECKED IN		CHECKED OUT		PRINT NAME STHUMBERG		TIME	
CHECKED IN		CHECKED OUT		CHECKED IN		CHECKED OUT		PRINT NAME STHUMBERG		TIME	



PTM 3

Johannesburg
 2787 E.P. Malan Street
 Cape Town
 24 Gunpowder Circle,
 Durban
 Unit 10, Gate 3
 124 Ecom Road, New Germany
 Industrial Park, KZN
 Tel: +27 21 861 97 24
 Fax: +27 865 402 318
 Johannesburg
 2818/2819, 2819
 Tel: +27 21 951 1919
 Fax: +27 21 705 7827
 www.earth2a.net

Port Elizabeth
Unit 10, Aldo Business Park
Gate 2, Greenbushes Industrial Park
Old Cape Road, Greenbushes
Tel: +27 41 372 1153

LINE

with 483603



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