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1514041

EMIT

ACCOUNT NUMBER	CLIENT REFERENCE	OFFICE REFERENCE	DATE
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SENDER (Your Name)	RECEIVER (Name)	TEL
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COMPANY (Name)	COMPANY (Name)	TEL
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STREET ADDRESS (Dept./Floor)	STREET ADDRESS (Dept./Floor)	POSTAL CODE
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CITY	CITY	SUBURB
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NO OF PACKAGES	DESCRIPTION OF PACKAGE	LENGTH CM	WIDTH CM	HEIGHT CM	VOLUME WEIGHT KG	ACTUAL WEIGHT	SPECIAL INSTRUCTIONS
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8	BOXES	46	45	50	6	92,05KG	
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		60	43	40	3		
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TEST WEIGHT (OFFICE USE)

SERVICES PLEASE SELECT SERVICE / IN BOX

DOOR TO DOOR ECONOMY	DIRECT LOAD	AIR	SAME DAY	HAZARDOUS CARGO
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OFFICE USE ONLY	NAME	DATE	SIGN
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CHECKED IN	Michael	2-2-18	M
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CHECKED OUT	rebon	14/02/18	A
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CHECKED IN			
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CHECKED OUT	Ezekiel	14/02/18	L
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COLLECTED BY:

SIGNATURE:

DATE: 12/02/18

OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE)

SENDER'S SIGNATURE: *Michael* DATE: 12 FEB 18

PRINT NAME: *Michael* TIME: 07:30

PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION

RECEIVER'S SIGNATURE: *Michael* DATE: 14/02/18

PRINT NAME: *Michael* TIME: 08:39

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.

POD COPY