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EMIT 287171

ACCOUNT NUMBER

CLIENT REFERENCE

OFFICE REFERENCE

DATE

SENDER  
(Your Name)

TEL

RECEIVER  
(Name)

Tel: +27 21 951 1919

TEL

COMPANY  
(Name)

COMPANY  
(Name)

STREET ADDRESS  
(Dept./Floor)

STREET ADDRESS  
(Dept./Floor)

POSTAL  
CODE

POSTAL  
CODE

CITY

SUBURB

CITY

SUBURB

| NO OF<br>PACKAGES | DESCRIPTION OF PACKAGE | LENGTH<br>CM | WIDTH<br>CM | HEIGHT<br>CM | VOLUME<br>WEIGHT KG | ACTUAL<br>WEIGHT | INSURANCE TAKE    |   |
|-------------------|------------------------|--------------|-------------|--------------|---------------------|------------------|-------------------|---|
| 2                 | BOXES                  | 62           | 42          | 38           |                     | 48               | Y                 | N |
| 1                 | Box                    | 46           | 46          | 52           |                     | 29               | INSURANCE VALU    |   |
| 1                 | Box                    | 35           | 35          | 35           |                     | 6                | SPECIAL INSTRUCTI |   |
|                   |                        |              |             |              |                     |                  | COLLECTED BY      |   |
|                   |                        |              |             |              |                     |                  | SIGNATURE         |   |
|                   |                        |              |             |              |                     |                  | DATE: TIME:       |   |

TEST WEIGHT (OFFICE USE)

83 kg

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 THE TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE) |               |
|-----------------|------|----------|-------------|--|---------------|
| CHECKED IN      | Andy | 07/03/16 | [Signature] | SENDER'S SIGNATURE:  | DATE 7-3-16   |
| CHECKED OUT     | Andy | 7/3/16   | [Signature] | PRINT NAME: ANDREW   | TIME          |
| CHECKED IN      |      |          |             | PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION   |               |
| CHECKED OUT     |      |          |             | RECEIVER'S SIGNATURE: [Signature]  | DATE 07/03/16 |
|                 |      |          |             | PRINT NAME: HAN  | TIME 13:40    |

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