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A DIVISION OF  
CROSSROADS DISTRIBUTION (PTY) LTD  
VAT REG NO 4510265798  
REG NO 2011/010443/07

Shipper's Account Number <b>C18281</b>		Shipper's Reference Number		To (Recipient's Name) <b>CARLA BRADFIELD, Leanne Young</b>		Their Phone Number <b>031 275-6700</b>	
Shipper (Your Name) <b>NOMFUNDO DLAMINI</b>		Your Phone Number <b>011 651 1000</b>		Company Name <b>SA GREETINGS</b>			
Company Name <b>SA GREETINGS</b>		Street Address (P.O. Boxes are not deliverable) Dept/Floor <b>UNIT 18, 27-29 HOFMEYER ROAD</b>					
Street Address (Dept/Floor) <b>2 AEROTON ROAD</b>		<b>DELMAT HOUSE, WESVILLE</b>					
City <b>AEROTON</b>		Postal Code <b>2013</b>		City <b>DURBAN</b>		Postal Code <b>3629</b>	
Country <b>Nastassia Amanda</b>		Country <b>South Africa</b>					

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

<b>INTERNATIONAL - BUDGET FREIGHT SERVICES (ONLY FOR THE FOLLOWING DESTINATIONS)</b>				Customs Value		Insurance Value	
BOTSWANA <input type="checkbox"/> LESOTHO <input type="checkbox"/> SWAZILAND <input type="checkbox"/> MOZAMBIQUE <input type="checkbox"/> NAMIBIA <input type="checkbox"/>							
<b>INTERNATIONAL SERVICES</b>				<b>DOMESTIC SERVICES</b>			
COURIER DOCUMENT EXPRESS <input type="checkbox"/>		REMAIL <input type="checkbox"/>		OVERNIGHT EXPRESS BY 10H30 <input checked="" type="checkbox"/>		BUDGET CARGO <input type="checkbox"/>	
COURIER PARCEL EXPRESS <input type="checkbox"/>		AIRFREIGHT <input type="checkbox"/>		OVERNIGHT BY 13H00 <input type="checkbox"/>		SAME DAY EXPRESS <input type="checkbox"/>	

NO. OF PKGS	DESCRIPTION OF PACKING AND CONTENTS	DIMENSIONS (CENTIMETRES)			VOL WEIGHT Kg's	ACTUAL WEIGHT Kg's	FREIGHT CHARGE	FUEL SURCHARGE	OTHER	INSURANCE	SAME DAY SURCHARGE	TOTAL EXCL VAT	VAT	TOTAL INCL VAT R
		LENGTH	BREATH	HEIGHT										
1	PARCEL													

HAZARDOUS CARGO? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SATURDAY DELIVERY FOR DOMESTIC SERVICES ONLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE REQUIRED ABOVE R1000? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DELIVERY BY 8 30 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOTAL INCL VAT R	
WE HAVE SEEN AND AGREE TO THE STANDARD CONDITIONS OF CARRIAGE OF SKYNET WORLDWIDE EXPRESS		RECEIVED BY SKYNET WORLDWIDE EXPRESS SIGNATURE <i>[Signature]</i> DATE <i>10/11</i> TIME		RECEIVED BY CUSTOMER AND CONDITION CONSIGNEE SIGNATURE <i>[Signature]</i> PRINT NAME <i>Sarele Sone</i> DATE TIME		<b>PARCEL STICKERS</b>			
SIGNATURE <i>[Signature]</i> PRINT NAME <i>Bulelwa</i>		DATE TIME		DATE TIME					

P.O.D. - DEST COPY

UNLESS INDICATED ON THE FACE HEREOF SKYNET WORLDWIDE EXPRESS RESERVES THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED DOMESTIC BUDGET

PLEASE COMPLETE ALL SHADED AREAS AS INDICATED IN RED