



File No	Origin	Date	Destination
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Shipper's Account Number		Shipper's Reference Number		To (Recipient's Name)	
JI				STORES	
Shipper (Your Name)		Your Phone Number		Company Name	
WILLIAM MITCHELL				ATM SOLUTIONS	
Company Name		Street Address (Dept/Floor)		Street Address (P.O. Boxes are not deliverable) Dept/Floor	
ATM SOLUTIONS				7 DELIGHT STR, EASTMATE, EXT 18	
Street Address (Dept/Floor)		15 BASSOUIN LANE, DORVILLE		SANDSTON	
City		Postal Code		City	
UPPERMATION		8801		JHB	
Country				Country	

Insurance Value

DOMESTIC SERVICES

BUDGET CARGO

SAME DAY EXPRESS

WEIGH
Kn's

WEIGH
Kn's

FUEL SURCHARGE

OTHER

INSURANCE

**SAME-DAY
SURCHARGE**

TOTAL EXCL
VAT

VAT

YES NO

YES	NO
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☐ YES ☐ NO

TOTAL	R
INCL. VAT	R

RECEIVED BY
SKYNET WORLDWIDE EXPRESS

SIGNATURE _____

RECEIVED IN GOOD ORDER AND CONDITION

CONSIGNEE
SIGNATURE

PRINT NAME _____

DATE _____

TIME

PARCEL STICKERS

P.O.D. - DEST COPY

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