

# SKYNET

SOUTH AFRICA (Pty) Ltd

HEAD OFFICE  
PO BOX 580  
FOOTFATH 1610  
SOUTH AFRICA  
TEL: (011) 686 1000  
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009938891295

WATKINS NO 461055729  
FEB NO 2011/01/04/30/17

From: **JHB** To: **261814** Date: **2011/01/04**

SHIPPER'S ACCOUNT NUMBER <b>J17908</b>		SHIPPER'S BUSINESS NUMBER <b>Lacks</b>		TO (Recipient's Name) <b>ELIAS</b>		TO (Phone Number) <b>083 325-7010</b>	
SHIPPER'S NAME <b>ATM SOLUTIONS</b>		SHIPPER'S PHONE NUMBER <b>011 531-5140</b>		CARRIER NAME <b>ATM SOLUTIONS</b>			
CARRIER ADDRESS <b>7 DELPHI STREET EASTWATERSIDE</b>				STREET ADDRESS (To Be Used for Delivery) <b>9 RIEBROEK STREET BOX DELIVERIES</b>			
CITY <b>JOHANNESBURG</b>		POSTAL CODE <b>2196</b>		CITY <b>TZANEEN</b>		PHONE CODE <b>0850</b>	
COUNTRY <b>SOUTH AFRICA</b>							

SPECIAL INSTRUCTIONS / ADDITIONAL SERVICES (PLEASE SPECIFY)

INTERNATIONAL - BUDGET FREIGHT SERVICES (ONLY FOR THE FOLLOWING DESTINATIONS)				CARRIER VEHICLE		REFERENCE NO.	
BOTSWANA <input type="checkbox"/> LESOTHO <input type="checkbox"/> SWAZILAND <input type="checkbox"/> ZIMBABWE <input type="checkbox"/> KENYA <input type="checkbox"/>							
INTERNATIONAL SERVICES				DOMESTIC SERVICES			
CARRIER DOCUMENT EXPRESS <input type="checkbox"/>		DEVAL <input type="checkbox"/>		CARRIER EXPRESS BY 10:30 <input checked="" type="checkbox"/>		BUDGET CARGO <input type="checkbox"/>	
CARRIER PARCEL EXPRESS <input type="checkbox"/>		GIVE-UP <input type="checkbox"/>		CARRIER EXPRESS BY 13:00 <input type="checkbox"/>		SAME DAY EXPRESS <input type="checkbox"/>	

NO. OF PARCELS	DESCRIPTION OF PARCELS AND CONTENTS	CARRIER'S WEIGHT (KG)			VOL. WEIGHT (KG)	TOTAL WEIGHT (KG)	NO. OF DIMENSIONAL
		LENGTH	BREADTH	HEIGHT			
1	1x1x1						
2	2x2x2						
3	3x3x3						
4	4x4x4						
5	5x5x5						
6	6x6x6						
7	7x7x7						
8	8x8x8						
9	9x9x9						
10	10x10x10						

PARCELS CARGO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	SALESMAN DELIVERY FOR CARRIER SERVICES ONLY <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	MS. PARCELS FORWARDED ABOVE STICKER <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	DELIVERY BY AIR <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL VOL. WT <b>R</b>
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MY NAME IS <b>JOHANNESBURG</b> AND I AM THE SIGNATURE OF THE CARRIER'S REPRESENTATIVE SIGNATURE <b>JOHANNESBURG</b> NAME <b>JOHANNESBURG</b>	FOR CARRIER'S USE ONLY DATE <b>26/08/19</b> TIME <b>15:00</b>	RECEIVED BY <b>JOHANNESBURG</b> NAME <b>JOHANNESBURG</b> SIGNATURE <b>JOHANNESBURG</b> DATE <b>26/08/19</b> TIME <b>15:00</b>	<b>PARCEL STICKERS</b>
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