

# CARGOWORKS

CO. REG No. 2012/075135/07

VAT REG NO. 4430138750

P.O. BOX 8878, EDENGLLEN 1610

www.cargoworks.co.za

JOHANNESBURG

☎ (011) 873-1212

FAX (011) 873-0215

CAPE TOWN

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FAX (021) 934-8030

DURBAN

☎ (031) 702-0252

FAX (031) 702-6218

PORT ELIZABETH

☎ (041) 486-1092

FAX (041) 486-1098

NELSPRUIT

☎ (013) 758-2067

FAX (013) 758-2068

EAST LONDON

☎ (043) 736-8077

FAX (043) 736-1424

**PROOF OF DELIVERY**

DATE 10/3/17 ORIGIN JHB DEST. PE LINEHAUL VEHICLE \_\_\_\_\_ WAYBILL NO. 2941334


FOR ACCOUNT OF: \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
(POSTAL ADDRESS)

SENDER'S NAME AND ADDRESS <u>ATM SOLUTIONS JHB</u> <u>7 DELHI STREET</u> <u>EAST GATE EXT 18</u>		RECEIVERS NAME AND ADDRESS <u>ATM SOLUTIONS PORT ELIZABETH</u> <u>HOLD FOR COLLECTION</u> <u>@ DEPOT</u>	
SENDER'S NAME <u>DEBRA</u>	PHONE <u>011 555 9167</u>	CONTACT NAME <u>MALCOLM</u>	PHONE _____

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
 NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	<del>WRAPPED</del>	<u>PL 2000 ELM</u>	80	53	155		<u>45 kg</u>
1	<u>BOX</u>	<u>AB WING</u>	110	60	60		<u>33 kg</u>
1	<u>WRAPPED</u>	<u>PALLET (STEEL BOX)</u>	200	105	12		<u>520 kg</u>

SPECIAL INSTRUCTIONS: ENGEN IS SETTLERS CHARGEABLE WEIGHT \_\_\_\_\_

SENDER  SIGNATURE <u>Debra</u> PRINT NAME <u>10/03/17</u> DATE	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Saule</u> PRINT NAME <u>10/3/17</u> DATE	DELIVERED BY <u>[Signature]</u> PRINT NAME DATE	RECIPIENT <u>[Signature]</u> PRINT NAME <u>10/03/2017</u> DATE <u>11:55</u> TIME	FOR OFFICE USE ONLY RATE CHARGE SURCHARGE DOCUMENT FEE V.A.T TOTAL
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By your signature, you confirm that you have read the Conditions of Engagement on the back of this document and that you agree to be bound by all the Conditions.

PLEASE USE BALLPOINT PEN AND PRESS HARD

# CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

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www.cargoworks.co.za

H3 F/L

## PROOF OF DELIVERY

DATE: 14/03/17	ORIGIN: JHB	DEST: DBA	LINEHAUL VEHICLE:	WAYBILL NO. 3015047
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS AIM SOLUTIONS (JHB) 7 DULPHI STREET EASTGATE EXT. 18 PRETORIA 0181		RECEIVERS NAME AND ADDRESS AIM SOLUTIONS (DBA) 106 INTERBIFE AVE. SPAINDA FIELDS DURBAN DURBAN 4013	
SENDER'S NAME: HEIDRUFFE	PHONE: 531-5491	CONTACT NAME: YASHEEN	PHONE: 083 600 0052

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

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QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	WRAPPED	HORIZONTAL PASUA	160	62	7		15kg
<b>COLLECTED AT DURBAN DEPOT</b>							

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT
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SENDER SIGNATURE: HEIDRUFFE PRINT NAME: 14/03/17	COLLECTED BY Goods correctly packed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SIGNATURE: Sanele PRINT NAME: 14/3/17	DELIVERED BY SIGNATURE: Waman PRINT NAME: 15/3/17	RECIPIENT SIGNATURE: PRINT NAME: 12/40	FOR OFFICE USE ONLY RATE CHARGE SURCHARGE DOCUMENT FEE V.A.T TOTAL
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## PROOF OF DELIVERY

DATED 09/03/17 ORIGIN JHB DEST. CPT LINEHAUL VEHICLE 134FF WAYBILL NO. 3015049

FOR ACCOUNT OF: (POSTAL ADDRESS) \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

SENDERS NAME AND ADDRESS DIM SOLUTIONS (JHB) RECEIVERS NAME AND ADDRESS DIM SOLUTIONS (CPT)

7 DELPHI STREET 110 HAYBURY BUS PARK

EMBRATE EXT. 18 HYNDENBURG ROAD POSTAL CODE: \_\_\_\_\_

SENDERS NAME: QUINCY PHONE: 531-5491 CONTACT NAME: BYRON PHONE: 083 600 5980

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	WRAPPED	BU 2000 DIM	80	53	155		531
1	WRAPPED	PAKETS (STEEL BOX)	110	60	60		41 kg
1	BOX	AD-HING	200	105	12		45 kg

SPECIAL INSTRUCTIONS: Total Knysna CHARGEABLE WEIGHT \_\_\_\_\_

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT	FOR OFFICE USE ONLY			
SIGNATURE: _____	Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE: _____	RATE			
PRINT NAME: <u>Quincy</u>	PRINT NAME: <u>Samele</u>	PRINT NAME: _____	PRINT NAME: <u>Dino</u>	CHARGE			
DATE: <u>09/03/17</u> TIME: _____	DATE: <u>10/03/17</u> TIME: _____	DATE: _____ TIME: _____	DATE: <u>13/03/17</u> TIME: _____	SURCHARGE			
				DOCUMENT FEE			
				VAT			
				TOTAL			

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PLEASE USE BALLPOINT PEN AND PRESS HARD

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## PROOF OF DELIVERY

DATE: 09/03/17 ORIGIN: JHB DEST: DBA LINEHAUL VEHICLE: 809 WAYBILL NO. 3015050

FOR ACCOUNT OF: (POSTAL ADDRESS) ACCOUNT NO. 7

SENDER'S NAME AND ADDRESS <u>ASIM SOLUTIONS (JHB)</u> <u>7 DELPHI STREET</u> <u>WATERSIDE EXT. 18</u>	RECEIVERS NAME AND ADDRESS <u>ASIM SOLUTIONS (DBA)</u> <u>100 INDUSTRIAL AVE.</u> <u>SPRINGFIELD DURBAN</u>
SENDER'S NAME: <u>YASHUVA</u> PHONE: <u>531-5491</u>	CONTACT NAME: <u>YASHUVA</u> PHONE: <u>083 600 0052</u>

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
<u>1</u>	<u>WRAPPED</u>	<u>13 F17</u>	<u>50</u>	<u>50</u>	<u>155</u>		<u>170 kg</u>

SPECIAL INSTRUCTIONS: DELIVER TO DURBAN

CHARGEABLE WEIGHT

SENDER <u>[Signature]</u> SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>YASHUVA</u> DATE: <u>09/03/17</u> TIME: <u>9/3/17</u>	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>[Signature]</u> PRINT NAME: <u>JANELE</u> DATE: <u>9/3/17</u> TIME: <u>9/3/17</u>	DELIVERED BY <u>[Signature]</u> PRINT NAME: <u>WUMEM</u> DATE: <u>10/3/2017</u> TIME: <u>9h00</u>	RECIPIENT <u>[Signature]</u> SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>WUMEM</u> DATE: <u>10/3/2017</u> TIME: <u>9h00</u>
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COLLECTED AT DURBAN DEPOSIT

### FOR OFFICE USE ONLY

RATE	CHARGE	SURCHARGE	DOCUMENT FEE	V.A.T	TOTAL

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## PROOF OF DELIVERY

DATE <u>08/09/17</u>	ORIGIN <u>JHB</u>	DEST. <u>DBN</u>	LINEHAUL VEHICLE <u>P2</u>	WAYBILL NO. <u>3015052</u>
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDERS NAME AND ADDRESS <u>AIM SOLUTIONS (JHB)</u>		RECEIVERS NAME AND ADDRESS <u>AIM SOLUTIONS (DBN)</u>	
<u>7 DULPIN STREET</u>		<u>106 INDEPENDENT AVE.</u>	
<u>EMASSYASE. EXT. 18</u>		<u>SPRINGSBURG</u>	
SENDERS NAME: <u>EMASSYASE</u>		PHONE: <u>5491</u>	CONTACT NAME: <u>YASHUA</u>
			PHONE: <u>083 600 0052</u>

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
<u>1</u>	<u>WRAPPED</u>	<u>50-HORIZONTAL FIK</u>	<u>60</u>	<u>7</u>	<u>160</u>		<u>33.10</u> <u>16/09</u>

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT

SENDER  SIGNATURE: PRINT NAME: DATE: <u>08/09/17</u> TIME:	COLLECTED BY Goods correctly packed. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  PRINT NAME: DATE: <u>8/9/17</u> TIME:	DELIVERED BY  PRINT NAME: DATE: TIME:	RECIPIENT  SIGNATURE:  PRINT NAME: DATE: <u>9/3/17</u> TIME: <u>14h30</u>	FOR OFFICE USE ONLY			
				RATE	CHARGE	SURCHARGE	DOCUMENT FEE
				TOTAL			

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EAST LONDON  
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## PROOF OF DELIVERY

DATE <u>14-03-17</u>	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO. <u>3028502</u>
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDERS NAME AND ADDRESS <u>WORCESTER SHOPFITTERS</u>		RECEIVERS NAME AND ADDRESS <u>ATM SOLUTIONS</u>	
SENDERS NAME: <u>WORCESTER</u>		CONTACT NAME: <u>S.H.B</u>	
PHONE:		PHONE:	
		POSTAL CODE:	

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
<u>1</u>	<u>ATM</u>	<u>2941 1370 STANDAARDE-AGTERBAAR</u>	<u>80</u>	<u>46</u>	<u>134</u>		<u>308</u>

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT <u>308</u>
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SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT	FOR OFFICE USE ONLY			
<u>[Signature]</u> SIGNATURE	Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>[Signature]</u> SIGNATURE	<u>[Signature]</u> SIGNATURE	RATE			
<u>ANGELO</u> PRINT NAME	<u>Elvis</u> PRINT NAME	<u>Sante</u> PRINT NAME	<u>William</u> PRINT NAME	CHARGE			
<u>14-03-17</u> DATE	<u>14.3.17</u> DATE	<u>16/3/17</u> DATE	<u>16/03/17</u> DATE	SURCHARGE			
				DOCUMENT FEE			
				VAT			
				TOTAL			

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## PROOF OF DELIVERY

DATE	15-03-17	ORIGIN		DEST.		LINEHAUL VEHICLE		WAYBILL NO.	3028514
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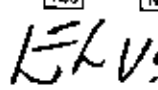
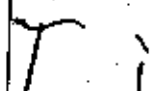

FOR ACCOUNT OF: (POSTAL ADDRESS)		ACCOUNT NO.	
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SENDER'S NAME AND ADDRESS		RECEIVERS NAME AND ADDRESS	
WOLLESTER SHOPFITTERS		ATM SOLUTIONS	
SENDER'S NAME:	PHONE:	CONTACT NAME:	PHONE:
		J. A. D.	
			POSTAL CODE:

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	ATM	NORMANBY FARM VILLAGE	69	59	147	652	936
1	ATM	NORMANBY HOUSE	68	48	149	294	

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT	936
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<b>SENDER</b>  SIGNATURE: ANGELO PRINT NAME: 15-03-17 DATE: TIME:	<b>COLLECTED BY</b> Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  PRINT NAME: 15/3/17 DATE: TIME:	<b>DELIVERED BY</b>  PRINT NAME: 17/03/17 11:58 DATE: TIME:	<b>RECIPIENT</b>  SIGNATURE: WILLIAM PRINT NAME: 17/03/17 11:00 DATE: TIME:	<b>FOR OFFICE USE ONLY</b> <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				V.A.T				<b>TOTAL</b>			
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## PROOF OF DELIVERY

DATE: 8/3/17	ORIGIN: PCZ	DEST: JHB	LINEHAUL VEHICLE:	WAYBILL NO. 3029807
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS	RECEIVER'S NAME AND ADDRESS
---------------------------	-----------------------------

Am Solutions PE

Am Solutions JHB  
7 Pelph Street

POSTAL CODE:

SENDER'S NAME: Makhulu	PHONE: 011 5315300	CONTACT NAME: Reba	PHONE: 011 5315300
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NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
XL		Am's	205	120	100		834
			160	122	98		

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT
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<b>SENDER</b> SIGNATURE: PRINT NAME: Makhulu DATE: 8/3/17 TIME: 13:00	<b>COLLECTED BY</b> Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: PRINT NAME: Larry DATE: 08/03/17 TIME:	<b>DELIVERED BY</b> SIGNATURE: PRINT NAME: Saele DATE: 10/3/17 TIME:	<b>RECIPIENT</b> SIGNATURE: PRINT NAME: William DATE: 10/03/17 TIME: 10:45	<b>FOR OFFICE USE ONLY</b> <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				BURCHARGE				DOCUMENT FEE				V.A.T.				<b>TOTAL</b>			
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**PROOF OF DELIVERY**

DATE 10/3/17 ORIGIN JHB DEST. PE LINEHAUL VEHICLE \_\_\_\_\_ WAYBILL NO. 2941334



FOR ACCOUNT OF: \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
(POSTAL ADDRESS)

SENDER'S NAME AND ADDRESS <u>ATM SOLUTIONS JHB</u> <u>7 DELPHI STREET</u> <u>EAST GATE EXT 18</u>		RECEIVERS NAME AND ADDRESS <u>ATM SOLUTIONS PORT ELIZABETH</u> <u>HOLD FOR COLLECTION</u> <u>@ DEPOT</u>	
SENDER'S NAME <u>DEBRA</u>	PHONE <u>011 555 9167</u>	CONTACT NAME <u>MALCOLM</u>	PHONE _____

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 NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	<del>WRAPPED</del>	<u>PL 2000 ELM</u>	80	53	155		<u>45 kg</u>
1	<u>BOX</u>	<u>AB WING</u>	110	60	60		<u>33 kg</u>
1	<u>WRAPPED</u>	<u>PALLET (STEEL BOX)</u>	200	105	12		<u>520 kg</u>

SPECIAL INSTRUCTIONS: ENGEN IS SETTLERS CHARGEABLE WEIGHT \_\_\_\_\_

SENDER  SIGNATURE <u>Debra</u> PRINT NAME <u>10/03/17</u> DATE	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Saule</u> PRINT NAME <u>10/3/17</u> DATE	DELIVERED BY  PRINT NAME  DATE	RECIPIENT  SIGNATURE <u>Malcolm</u> PRINT NAME <u>10/03/2017</u> DATE <u>11:55</u> TIME	FOR OFFICE USE ONLY RATE CHARGE SURCHARGE DOCUMENT FEE V.A.T TOTAL
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By your signature, you confirm that you have read the Conditions of Engagement on the back of this document and that you agree to be bound by all the Conditions.

PLEASE USE BALLPOINT PEN AND PRESS HARD

# CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

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☎ (043) 736 6077

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**PROOF OF DELIVERY**

DATE: 16/03/17 ORIGIN: JHB DEST: DUR LINEHAUL VEHICLE: F1 WAYBILL NO. 3015046

FOR ACCOUNT OF: (POSTAL ADDRESS) ACCOUNT NO.

SENDER'S NAME AND ADDRESS ADM SOLUTIONS (JHB) 7 DURBAN STREET EDGE GATE EXT. 18		RECEIVERS NAME AND ADDRESS ADM SOLUTIONS (DUR) 106 INDEPENDENT AVE SPRINGFIELD DURBAN	
SENDER'S NAME: ADM SOLUTIONS	PHONE: 231-5491	CONTACT NAME: YASHU	PHONE: 082 600 0052

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	WRAPPED	POLYESTER BAG - 11kg 8/10	200	130	60		110
1	WRAPPED	2000g SILK FIBRE	50	50	190		170

**COLLECTED AT DURBAN DEPOT**

SPECIAL INSTRUCTIONS: CHARGEABLE WEIGHT

SENDER SIGNATURE: [Signature] PRINT NAME: [Name] DATE: [Date] TIME: [Time]	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: [Signature] PRINT NAME: [Name] DATE: 16/3/17 TIME: [Time]	DELIVERED BY SIGNATURE: [Signature] PRINT NAME: [Name] DATE: [Date] TIME: [Time]	RECIPIENT SIGNATURE: [Signature] PRINT NAME: [Name] DATE: 20/3/17 TIME: 10:25	FOR OFFICE USE ONLY			
				RATE	CHARGE	SURCHARGE	DOCUMENT FEE

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H3 F/L

## PROOF OF DELIVERY

DATE: 14/03/17	ORIGIN: JHB	DEST: DBA	LINEHAUL VEHICLE:	WAYBILL NO. 3015047
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS AEM SOLUTIONS (JHB) 7 DULPHI STREET EASTGATE EXT. 18 PRETORIA		RECEIVERS NAME AND ADDRESS AEM SOLUTIONS (DBA) 106 INTERBIFE AVE. SPAINDA FIELDS DURBAN	
SENDER'S NAME: HEIDRUFFE	PHONE: 531-5491	CONTACT NAME: YASHEEN	PHONE: 083 600 0052

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

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QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	WRAPPED	HORIZONTAL PASUA	160	62	7		15kg
<b>COLLECTED AT DURBAN DEPOT</b>							

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT
-----------------------	-------------------

<b>SENDER</b> SIGNATURE: <i>Heidruffe</i> PRINT NAME: Heidruffe DATE: 14/03/17 TIME:	<b>COLLECTED BY</b> Goods correctly packed: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SIGNATURE: <i>Sanele</i> PRINT NAME: Sanele DATE: 14/3/17 TIME:	<b>DELIVERED BY</b> SIGNATURE: <i>Waman</i> PRINT NAME: Waman DATE: 15/3/17 TIME: 12:40	<b>RECIPIENT</b> SIGNATURE: <i>[Signature]</i> PRINT NAME: DATE: TIME:	<b>FOR OFFICE USE ONLY</b> <table border="1"> <tr> <th>RATE</th> <th>CHARGE</th> <th>SURCHARGE</th> <th>DOCUMENT FEE</th> <th>V.A.T</th> <th>TOTAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	RATE	CHARGE	SURCHARGE	DOCUMENT FEE	V.A.T	TOTAL						
RATE	CHARGE	SURCHARGE	DOCUMENT FEE	V.A.T	TOTAL											

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## PROOF OF DELIVERY

DATED 09/03/17 ORIGIN JHB DEST. CPT LINEHAUL VEHICLE 134FF WAYBILL NO. 3015049

FOR ACCOUNT OF: (POSTAL ADDRESS) \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

SENDERS NAME AND ADDRESS DIM SOLUTIONS (JHB) RECEIVERS NAME AND ADDRESS DIM SOLUTIONS (CPT)

7 DELPHI STREET 110 HAYBURY BUS PARK

EMBRATE EXT. 18 HYNDENBURG ROAD POSTAL CODE: \_\_\_\_\_

SENDERS NAME: QUINCY PHONE: 531-5491 CONTACT NAME: BYRON PHONE: 083 600 5980

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	WRAPPED	BU 2000 DIM	80	53	155		531
1	WRAPPED	PAKETS (STEEL BOX)	110	60	60		41 kg
1	BOX	AD-HING	200	105	12		45 kg

SPECIAL INSTRUCTIONS: Total Krystna CHARGEABLE WEIGHT \_\_\_\_\_

SENDER	COLLECTED BY	DELIVERED BY	RECIPIENT	FOR OFFICE USE ONLY	
SIGNATURE: _____	Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE: _____	RATE	
PRINT NAME: <u>Quincy</u>	PRINT NAME: <u>Samele</u>	PRINT NAME: _____	PRINT NAME: <u>Dino</u>	CHARGE	
DATE: <u>09/03/17</u> TIME: _____	DATE: <u>10/03/17</u> TIME: _____	DATE: _____ TIME: _____	DATE: <u>13/03/17</u> TIME: _____	SURCHARGE	
				DOCUMENT FEE	
				VAT	
				TOTAL	

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## PROOF OF DELIVERY

DATE: 09/03/17 ORIGIN: JHB DEST: DBN LINEHAUL VEHICLE: 809 WAYBILL NO. 3015050

FOR ACCOUNT OF: (POSTAL ADDRESS) ACCOUNT NO. 7

SENDER'S NAME AND ADDRESS <u>ASIM SOLUTIONS (JHB)</u> <u>7 DELPHI STREET</u> <u>WATERSIDE EXT. 18</u>	RECEIVERS NAME AND ADDRESS <u>ASIM SOLUTIONS (DBN)</u> <u>100 INDUSTRIAL AVE.</u> <u>SPRINGFIELD DURBAN</u>
SENDER'S NAME: <u>YASHUVA</u> PHONE: <u>531-5491</u>	CONTACT NAME: <u>YASHUVA</u> PHONE: <u>083 600 0052</u>

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
<u>1</u>	<u>WRAPPED</u>	<u>115 F/M</u>	<u>50</u>	<u>50</u>	<u>155</u>		<u>170 kg</u>

SPECIAL INSTRUCTIONS: DELIVER TO DURBAN

CHARGEABLE WEIGHT

SENDER <u>[Signature]</u> SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>YASHUVA</u> DATE: <u>09/03/17</u> TIME: <u>9/3/17</u>	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>[Signature]</u> PRINT NAME: <u>JANELE</u> DATE: <u>9/3/17</u> TIME: <u>9/3/17</u>	DELIVERED BY <u>[Signature]</u> PRINT NAME: <u>WUMEM</u> DATE: <u>10/3/2017</u> TIME: <u>9h00</u>	RECIPIENT <u>[Signature]</u> SIGNATURE: <u>[Signature]</u> PRINT NAME: <u>WUMEM</u> DATE: <u>10/3/2017</u> TIME: <u>9h00</u>	FOR OFFICE USE ONLY																							
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<b>TOTAL</b>																											

COLLECTED AT DURBAN DEPOT

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## PROOF OF DELIVERY

DATE 08/09/17 ORIGIN JHB DEST. DBN LINEHAUL VEHICLE P2 WAYBILL NO. 3015052

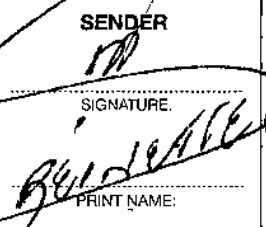
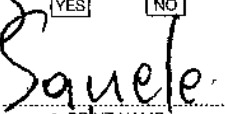
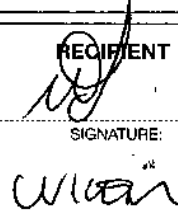
FOR ACCOUNT OF: (POSTAL ADDRESS) ACCOUNT NO.

SENDER'S NAME AND ADDRESS <u>AIM SOLUTIONS (JHB)</u> <u>7 DULPIN STREET</u> <u>EMASSYASE. EXT. 18</u>		RECEIVERS NAME AND ADDRESS <u>AIM SOLUTIONS (DBN)</u> <u>106 INDEPENDENT AVE.</u> <u>SPRINGSBURG</u>	
SENDER'S NAME: <u>AIM SOLUTIONS</u>		CONTACT NAME: <u>WUEN</u>	
PHONE: <u>083 600 0052</u>		PHONE: <u>083 600 0052</u>	

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	WRAPPED	50-HORIZONTAL FIK	60	7	160		33.10 16/09

SPECIAL INSTRUCTIONS: CHARGEABLE WEIGHT

<b>SENDER</b>  SIGNATURE: PRINT NAME: DATE: <u>08/09/17</u> TIME:	<b>COLLECTED BY</b> Goods correctly packed. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  SIGNATURE: PRINT NAME: DATE: <u>8/9/17</u> TIME:	<b>DELIVERED BY</b> SIGNATURE: PRINT NAME: DATE: TIME:	<b>RECIPIENT</b>  SIGNATURE: PRINT NAME: DATE: <u>9/3/17</u> TIME: <u>14h30</u>	<b>FOR OFFICE USE ONLY</b> <table border="1"> <tr> <th>RATE</th> <th>CHARGE</th> <th>SURCHARGE</th> <th>DOCUMENT FEE</th> <th>V.A.T</th> <th>TOTAL</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	RATE	CHARGE	SURCHARGE	DOCUMENT FEE	V.A.T	TOTAL						
RATE	CHARGE	SURCHARGE	DOCUMENT FEE	V.A.T	TOTAL											

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## PROOF OF DELIVERY

DATE <u>14-03-17</u>	ORIGIN	DEST.	LINEHAUL VEHICLE	WAYBILL NO. <u>3028502</u>
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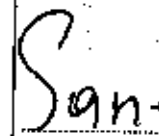
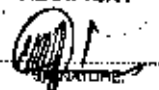
FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDERS NAME AND ADDRESS <u>WORCESTER SHOPFITTERS</u>		RECEIVERS NAME AND ADDRESS <u>ATM SOLUTIONS</u>	
SENDERS NAME:		CONTACT NAME:	
PHONE:		PHONE:	
		POSTAL CODE: <u>S.H.B</u>	

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
<u>1</u>	<u>ATM</u>	<u>2941 1370 STANDAARDE-AGTERBAAR</u>	<u>80</u>	<u>46</u>	<u>134</u>		<u>308</u>

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT <u>308</u>
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<b>SENDER</b>  SIGNATURE <u>ANGELO</u> PRINT NAME <u>14-03-17</u> DATE: TIME:	<b>COLLECTED BY</b> Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  PRINT NAME <u>14.3.17</u> DATE: TIME:	<b>DELIVERED BY</b>  PRINT NAME <u>16/3/17</u> DATE: TIME:	<b>RECIPIENT</b>  SIGNATURE <u>William</u> PRINT NAME <u>16/03/17</u> DATE: TIME: <u>10:36</u>	<b>FOR OFFICE USE ONLY</b> <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>VAT</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				VAT				<b>TOTAL</b>			
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## PROOF OF DELIVERY

DATE	15-03-17	ORIGIN		DEST.		LINEHAUL VEHICLE		WAYBILL NO.	3028514
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FOR ACCOUNT OF: (POSTAL ADDRESS)		ACCOUNT NO.	
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SENDER'S NAME AND ADDRESS	RECEIVERS NAME AND ADDRESS
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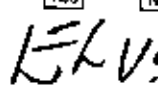
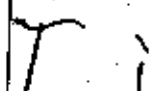

WOLLESTON SHOPFITTERS  
ATM Solutions

SENDER'S NAME:	PHONE:	CONTACT NAME:	PHONE:	POSTAL CODE:
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NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	ATM	NORMANBY FARM VILLAGE	69	59	147	652	936
1	ATM	NORMANBY HOUSE	68	48	149	294	

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT	936
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<b>SENDER</b> SIGNATURE:  PRINT NAME: ANGELO DATE: 15-03-17 TIME:	<b>COLLECTED BY</b> Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE:  PRINT NAME: KLU DATE: 15/3/17 TIME:	<b>DELIVERED BY</b> SIGNATURE:  PRINT NAME: Ignitions DATE: 17/03/17 TIME: 11:58	<b>RECIPIENT</b> SIGNATURE:  PRINT NAME: William DATE: 17/03/17 TIME: 11:00	<b>FOR OFFICE USE ONLY</b> <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>VAT</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				VAT				<b>TOTAL</b>			
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## PROOF OF DELIVERY

DATE: 8/3/17	ORIGIN: PCZ	DEST: JHB	LINEHAUL VEHICLE:	WAYBILL NO. 3029807
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS	RECEIVER'S NAME AND ADDRESS
---------------------------	-----------------------------

Am Solutions PE  
Am Solutions JHB  
7 Pelph Street

POSTAL CODE:
--------------

SENDER'S NAME: Makhulu	PHONE: 011 5315300	CONTACT NAME: Reba	PHONE: 011 5315300
------------------------	--------------------	--------------------	--------------------

NO INSURANCE IS PROVIDED. PLEASE ENSURE THAT GOODS ARE ADEQUATELY INSURED.  
NO DELIVERIES OR COLLECTIONS TO RESIDENTIAL AREAS OR CHAINSTORES.

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
XL		Am's	205	120	100		834
			160	122	98		

SPECIAL INSTRUCTIONS:	CHARGEABLE WEIGHT
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<b>SENDER</b> SIGNATURE: <i>Makhulu</i> PRINT NAME: Makhulu DATE: 8/3/17 TIME: 13:00	<b>COLLECTED BY</b> Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: <i>Larry</i> PRINT NAME: Larry DATE: 08/03/17 TIME:	<b>DELIVERED BY</b> SIGNATURE: <i>Sauete</i> PRINT NAME: Sauete DATE: 10/3/17 TIME:	<b>RECIPIENT</b> SIGNATURE: <i>William</i> PRINT NAME: William DATE: 10/03/17 TIME: 10:45	<b>FOR OFFICE USE ONLY</b> <table border="1"> <tr> <td>RATE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BURCHARGE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>V.A.T.</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td></td> </tr> </table>	RATE				CHARGE				BURCHARGE				DOCUMENT FEE				V.A.T.				<b>TOTAL</b>			
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By your signature, you confirm that you have read the Conditions of Consignment on the back of this document and that you agree to be bound by it.

PLEASE USE BALLPOINT PEN AND PRESS HARD