

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

P.O. BOX 8876, EDENGLLEN 1810
www.cargoworks.co.za

JOHANNESBURG
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FAX (021) 934-8030

DURBAN
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FAX (031) 702-6218

PORT ELIZABETH
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FAX (041) 486-1096

NELSPRUIT
☎ (013) 758-2067
FAX (013) 758-2068

EAST LONDON
☎ (043) 736 8077
FAX (043) 736-1424

PROOF OF DELIVERY

DATE: 04/15/16 ORIGIN: JHB DEST: CZN LINEHAUL VEHICLE: 2 WAYBILL NO. 2070310

FOR ACCOUNT OF: (POSTAL ADDRESS) ACCOUNT NO.

SENDER'S NAME AND ADDRESS ATM SOLUTIONS JHB 7 DELPHI STREET EASTGATE EXT 18		RECEIVERS NAME AND ADDRESS ATM SOLUTIONS DURBAN HOLD FOR COLLECTION @ DEPOT	
SENDER'S NAME: DEBRA	PHONE: 01555 9167	CONTACT NAME: YASHEN	PHONE: 083 600058

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

PLEASE USE BALLPOINT PEN AND PRESS HARD

QTY PACKS	PACKAGING	CONTENTS	DIMENSIONS (CM)			VOLUME WEIGHT	ACTUAL MASS KG
			L	B	H		
1	WRAPPED	DDK SIGNAGE (2)	155	93	97		
2	WRAPPED	PILET ROLLER SHUTTER					279
COLLECTED AT DURBAN DEPOT			204	76	55		

SPECIAL INSTRUCTIONS: CHARGEABLE WEIGHT

SENDER Signature: [Signature] PRINT NAME: Debra DATE: 04/15/16 TIME: 14:14		COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature: [Signature] PRINT NAME: Jani DATE: 24/04/16 TIME: 14:14		DELIVERED BY Signature: [Signature] PRINT NAME: [Blank] DATE: [Blank] TIME: [Blank]		RECIPIENT Signature: [Signature] PRINT NAME: Nick DATE: 25/4/16 TIME: [Blank]		FOR OFFICE USE ONLY			
						RATE					
						CHARGE					
						SURCHARGE					
						DOCUMENT FEE					
						V.A.T					
						TOTAL					

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 all the Conditions.

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PROOF OF DELIVERY

DATE: 18/05/16 ORIGIN: FL DEST: JHB LINEHAUL VEHICLE: WAYBILL NO. 2001662

FOR ACCOUNT OF: (POSTAL ADDRESS) ATN Solutions ACCOUNT NO.

SENDERS NAME AND ADDRESS JASON 20 Hofmeyer		RECEIVERS NAME AND ADDRESS 7 Delphi Street Eastgate ext 18	
SENDERS NAME: JASON	PHONE: 0836605377	CONTACT NAME: STUPE	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		ATA 10010001952	120	80	157		4.87
		88004220					

SPECIAL INSTRUCTIONS: CHARGEABLE WEIGHT

<p>SENDER SIGNATURE: [Signature]</p> <p>PRINT NAME: Jason</p> <p>DATE: 18/05/16 TIME: 15:00</p>	<p>COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PRINT NAME: Loretta</p> <p>DATE: 18/05/16 TIME: 18:05</p>	<p>DELIVERED BY</p> <p>PRINT NAME: [Signature]</p> <p>DATE: 20/05/16 TIME: 11/02</p>	<p>RECIPIENT SIGNATURE: [Signature]</p> <p>PRINT NAME: Debra</p> <p>DATE: 18/05/16 TIME: 15:00</p>	<p>FOR OFFICE USE ONLY</p> <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>TOTAL</td><td></td><td></td><td></td></tr> </table>	RATE				CHARGE				SURCHARGE				DOCUMENT FEE				VAT				TOTAL			
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EAST LONDON
☎ (043) 736 607
FAX (043) 736-142

PROOF OF DELIVERY

DATE 20/5/16 ORIGIN CH DEST. JHB LINEHAUL VEHICLE _____ WAYBILL NO. 2080022

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

SENDER'S NAME AND ADDRESS <u>WSF</u>		RECEIVERS NAME AND ADDRESS <u>ATM SOLUTIONS</u>	
SENDER'S NAME: _____ PHONE: _____		CONTACT NAME: <u>JHB</u> POSTAL CODE: _____ 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		
<u>1</u>	<u>ATM</u>		<u>84</u>	<u>48</u>	<u>148</u>		<u>365</u>
<u>3</u>	<u>loose</u>	<u>Items</u>	<u>60</u>	<u>50</u>	<u>86</u>		
			<u>46</u>	<u>72</u>	<u>40</u>		<u>115</u>
			<u>42</u>	<u>94</u>	<u>13</u>		

SPECIAL INSTRUCTIONS: _____ CHARGEABLE WEIGHT 480

SENDER Signature: <u>Nicolaas</u> PRINT NAME: <u>Nicolaas</u> DATE: <u>20/05/16</u> TIME: _____	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature: <u>Erico</u> PRINT NAME: <u>Erico</u> DATE: <u>20/5/16</u> TIME: _____	DELIVERED BY Signature: <u>Lynette</u> PRINT NAME: <u>Lynette</u> DATE: <u>20/05/16</u> TIME: <u>14H10</u>	RECIPIENT Signature: <u>Debra</u> PRINT NAME: <u>Debra</u> DATE: <u>20/05/16</u> TIME: <u>14H20</u>	FOR OFFICE USE ONLY <table border="1"> <tr><td>RATE</td><td></td><td></td></tr> <tr><td>CHARGE</td><td></td><td></td></tr> <tr><td>SURCHARGE</td><td></td><td></td></tr> <tr><td>DOCUMENT FEE</td><td></td><td></td></tr> <tr><td>V.A.T</td><td></td><td></td></tr> <tr><td>TOTAL</td><td></td><td></td></tr> </table>	RATE			CHARGE			SURCHARGE			DOCUMENT FEE			V.A.T			TOTAL		
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P.O. BOX 8876, EDENGLLEN 1610
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PROOF OF DELIVERY

DATE 25/5/16 ORIGIN DBN DEST. JHB LINEHAUL VEHICLE _____ WAYBILL NO. 2930001

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

SENDERS NAME AND ADDRESS: ATM SOLUTIONS (DBN) RECEIVERS NAME AND ADDRESS: ATM SOLUTIONS (JHB)

POSTAL CODE: _____

SENDERS NAME: Yashen PHONE: 0836000052 CONTACT NAME: Debra PHONE: 011-555 9167

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 RL2000 HOOD	60	45	43		35
1		WRAPPED RL7000	74	47	136		310
4		WRAPPED AT DURBAN DEPOT	50	47	196		400

SPECIAL INSTRUCTIONS: 2 C/W DBN REC SMACHINE @ BUNDLE ONLY CHARGEABLE WEIGHT: 745

<p>SENDER</p> <p><u>Nich</u> SIGNATURE: _____ PRINT NAME:</p> <p><u>25/5/16 9:20</u> DATE: _____ TIME: _____</p>	<p>COLLECTED BY</p> <p>Goods correctly packed: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><u>Simon</u> SIGNATURE: _____ PRINT NAME:</p> <p><u>25/5/16</u> DATE: _____ TIME: _____</p>	<p>DELIVERED BY</p> <p><u>Simon</u> SIGNATURE: _____ PRINT NAME:</p> <p><u>26/5/16 11H/13</u> DATE: _____ TIME: _____</p>	<p>RECIPIENT</p> <p><u>Debra</u> SIGNATURE: _____ PRINT NAME:</p> <p><u>26/5/16 11H/13</u> DATE: _____ TIME: _____</p>	<p>FOR OFFICE USE ONLY</p> <table border="1"> <tr> <td>RATE</td> <td></td> </tr> <tr> <td>CHARGE</td> <td></td> </tr> <tr> <td>SURCHARGE</td> <td></td> </tr> <tr> <td>DOCUMENT FEE</td> <td></td> </tr> <tr> <td>V.A.T</td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> </tr> </table>	RATE		CHARGE		SURCHARGE		DOCUMENT FEE		V.A.T		TOTAL	
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EAST LONDON
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PROOF OF DELIVERY

DATE 23/5/16	ORIGIN PLZ	DEST. JHB	LINEHAUL VEHICLE	WAYBILL NO. 2099086
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FOR ACCOUNT OF: (POSTAL ADDRESS)	ACCOUNT NO.
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SENDER'S NAME AND ADDRESS Am Solutions Port Elizabeth		RECEIVERS NAME AND ADDRESS Am Solutions JHB	
		7 Delphi Street, Eastgate	
		POSTAL CODE:	
SENDER'S NAME: Malcolm	PHONE: 021 395 8431	CONTACT NAME: Debra	PHONE: 011 531 5300

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		
3		Am Machines	(2) 130	80	210		246kg
			(1) 170	100	114		302kg

SPECIAL INSTRUCTIONS:

CHARGEABLE WEIGHT **566**

SENDER SIGNATURE: [Signature] PRINT NAME: Malcolm DATE: 23/5/16 TIME: 11:30	COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE: [Signature] PRINT NAME: Larry DATE: 23/05/16 TIME:	DELIVERED BY SIGNATURE: [Signature] PRINT NAME: Lynette DATE: 25/05/16 TIME: 09:44	RECIPIENT SIGNATURE: [Signature] PRINT NAME: Debra DATE: 25/5/16 TIME: 10:10	FOR OFFICE USE ONLY RATE CHARGE SURCHARGE DOCUMENT FEE V.A.T TOTAL
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