

CARGOWORKS

CO. REG. No. 2012/075135/07

VAT REG NO. 4430138760

P.O. BOX 8676, EDENGLLEN 1610
www.cargoworks.co.za

JOHANNESBURG
☎ (011) 873-1212
FAX (011) 873-0716

CAPE TOWN
☎ (021) 934-8040
FAX (021) 934-8030

DURBAN
☎ (031) 702-0252
FAX (031) 702-8216

PORT ELIZABETH
☎ (041) 486-1092
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 23/08/16 ORIGIN JHB DEST. DAN LINEHAUL VEHICLE _____ WAYBILL NO. 2892700

FOR ACCOUNT OF: _____ ACCOUNT NO. MAP001

| | | | |
|---|----------------------------|---|----------------------------|
| SENDER'S NAME AND ADDRESS <u>FRION TEX JHB</u> | | RECEIVERS NAME AND ADDRESS <u>12 CAPT PROCTOR STREET</u> | |
| <u>313 ROAN CRESCENT</u> | | <u>BRANDWAG</u> | |
| <u>1611 WIND</u> | | POSTAL CODE: _____ | |
| SENDER'S NAME: <u>JUCY</u> | PHONE: <u>011 2375 900</u> | CONTACT NAME: <u>PIETER</u> | PHONE: <u>082 667 6644</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>7</u> | <u>BOXES</u> | <u>BOXES ONLY</u> | <u>45</u> | <u>45</u> | <u>50</u> | | <u>114KG</u> |
| <u>1</u> | <u>WRAPP</u> | <u>BOXES</u> | <u>90</u> | <u>70</u> | <u>41</u> | | <u>39KG</u> |
| | | <u>DEL #. 40016-0</u> | | | | | |
| | | <u>40043-0</u> | | | | | |

SPECIAL INSTRUCTIONS: _____ CHARGEABLE WEIGHT 152kg

| | | | | | | |
|--|---|--|--|---------------------|--------|--|
| SENDER SIGNATURE: _____ PRINT NAME: <u>JUCY</u> DATE: <u>23/08/16</u> TIME: _____ | COLLECTED BY Goods correctly packed: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PRINT NAME: <u>Frion</u> DATE: <u>23/08/16</u> TIME: _____ | DELIVERED BY PRINT NAME: _____ DATE: _____ TIME: _____ | RECIPIENT SIGNATURE: _____ PRINT NAME: <u>PSANTS</u> DATE: <u>24/08/16</u> TIME: <u>11:55</u> | 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 the document and that you agree to be bound by all the Conditions

PLEASE USE BALLPOINT PEN AND PRESS HARD