



Nelspruit
Wilkens Street No 4,
Axis Industrial Park,
Rocky Drift
Nelspruit



EMIT

| | | | |
|----------------|-------------------------------|------------------|------|
| ACCOUNT NUMBER | CLIENT REFERENCE 87303-359 | OFFICE REFERENCE | DATE |
|----------------|-------------------------------|------------------|------|

| | | | | | | | |
|---------------------------------|--|--------|--|---------------------------------|--|--------|--|
| SENDER (Your Name) | | TEL | | RECEIVER (Name) | | TEL | |
| COMPANY (Name) | | | | COMPANY (Name) | | | |
| STREET ADDRESS (Dept./Floor) | | | | STREET ADDRESS (Dept./Floor) | | | |
| CITY | | SUBURB | | CITY | | SUBURB | |

| NO OF PACKAGES | DESCRIPTION OF PACKAGE | LENGTH CM | WIDTH CM | HEIGHT CM | VOLUME WEIGHT KG | ACTUAL WEIGHT | SPECIAL INSTRUCTIONS |
|----------------|------------------------|-----------|----------|-----------|------------------|---------------|---------------------------------|
| 2 | pallets | | | | | 2000000 | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | COLLECTED BY: SIGNATURE: |
| | | | | | | | |
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| | | | |
|--------------------------|--|--------------|-------|
| TEST WEIGHT (OFFICE USE) | | DATE: 26-4-2 | TIME: |
|--------------------------|--|--------------|-------|

| SERVICES PLEASE SELECT SERVICE ✓ IN BOX | | | | | | | | | |
|---|--------------------------|-------------|--------------------------|-----|--------------------------|----------|--------------------------|-----------------|--------------------------|
| DOOR TO DOOR ECONOMY | <input type="checkbox"/> | DIRECT LOAD | <input type="checkbox"/> | AIR | <input type="checkbox"/> | SAME DAY | <input type="checkbox"/> | HAZARDOUS CARGO | <input type="checkbox"/> |

| OFFICE USE ONLY | NAME | DATE | SIGN | OUR SIGNATURE ACKNOWLEDGES WE HAVE SEEN AND UNDERSTOOD AND AGREE TO BE BOUND BY TERMS AND CONDITIONS OF CARRIAGE (SEE REVERSE) |
|-----------------|------|------|------|--|
| CHECKED IN | | | | SENDERS SIGNATURE: <u>OK</u> DATE _____ |
| CHECKED OUT | | | | PRINT NAME: <u>Khaya</u> TIME _____ |
| CHECKED IN | | | | PROOF OF DELIVERY RECEIVED IN GOOD ORDER & CONDITION |
| CHECKED OUT | | | | RECEIVER'S SIGNATURE: _____ DATE _____ |
| | | | | PRINT NAME: _____ TIME _____ |

WHEN NO SERVICE IS INDICATED WE RESERVE THE RIGHT TO DESPATCH AND CHARGE AT THE PUBLISHED STANDARD RATES.
WE DRAW YOUR ATTENTION TO THE SUMMARISED VERSION OF OUR TERMS & CONDITIONS AS ACCEPTED BY YOU ON THE REVERSE OF OUR WAYBILL.
YOU ACKNOWLEDGE THAT YOU HAVE THE AUTHORITY TO ACCEPT THESE TERMS & CONDITIONS FOR AND ON BEHALF OF THE CUSTOMER

Lithotech SJ 011 474 1828 EMI001/2 06/21